THE INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS

Vol. XLI 1960 Part 1

THE ORGANIZATION OF THE REPRODUCTIVE DRIVE[1]

By

THERESE BENEDEK, M.D., CHICAGO

INTRODUCTION

Psycho-analysis considers the organization of the reproductive drive a result of ontogenetic development. It develops from the post-natal ' undifferentiated phase ' in which needful infant and need-gratifying mother are a symbiotic unit. From this state which Freud termed (from the infant's point of view) a ' state of absolute primary narcissism ' (22) the reproductive drive evolves in continual interaction with those environmental factors which influence the personality development of the individual.[2] When, through phasic thrusts toward maturation (directed by the dominance of the erotogenic zones) integration of ' genital primacy ' is achieved, we assume that with physiological maturation the individual has also reached a degree of psychosexual maturity.

The term *genital primacy* refers to a drive organization which is consummated in heterosexual coitus reaching its climax in orgasm. This definition includes the heterosexual consummatory action of both sexes, but actually it was based on the model of the male. The reproductive function of the male, under the regulation of one hormonal group, the androgens, is discharged in one act, the aim of which is to deposit semen in the vagina. The female reproductive function cannot fit into this model, since the female sexual function has three phases. Heterosexual intercourse in the female, from the point of view of reproduction, is only a preparatory act. The care of the impregnated ovum during pregnancy and of the offspring after parturition by lactation are two other phases of the female reproductive function. Pregnancy and mothering constitute the completion of psychosexual and reproductive maturity in women. Yet the drive organization which motivates pregnancy and lactation is not ' genital ' in the same sense as is mating behaviour. The investigation of the sexual cycle in women has clarified the phasic course of the female reproductive functions and the psychodynamic processes correlated with them.

When this investigation began about twenty years ago, it was not the author's intention to elucidate theoretical concepts. Biologically, women are accessible to intercourse during any part of the cycle. Experientially, their sexual behaviour has multiple cultural and interpersonal motivations. Our task was to determine whether by means of psycho-analysis one could discern signs which are comparable to ' heat ' in animals, from which one may infer ovulation. For this purpose the state of the ovarian cycle was established by daily vaginal smears and basal body temperature charts. The psycho-analytic records were analysed specifically in relation to the hormonal cycle. When the independently obtained data were compared, it was found that they coincided almost exactly. Both methods were able to establish the significant phases of the ovarian function.[3]

The aim of this presentation is to bring into focus some of the principles that are involved in applying the psycho-analytic method to research

[1] Revision of a paper of the same title presented at the Twenty-Fifth Anniversary Meeting, Institute for Psychoanalysis, Chicago, 16 November, 1957.

[2] Until not too long ago, we considered the plasticity of the innate sexual Anlage a special human distinction. The research of Heinroth, Lorenz, Tinbergen and others, however, has shown that similar plasticity of the innate pattern can be observed in animals, although to a lesser degree. Thus Tinbergen writes: ' In all species where the parents take care of the young, the behaviour of the latter may be conditioned by the adults in a number of ways. But an individual may also learn from experiences with other parts of environment ' (36).

[3] Physiological research conducted by Boris B. Rubenstein, M.D. (4).

in the 'source' of sexual drives; to discuss the conclusions which may be drawn from the effectiveness of the predictive method; finally, to indicate how the psycho-dynamic processes derived from the study of the reproductive drive in women may suggest new approaches to the study of that drive in the male.

I

Bernfeld stated simply but succinctly: ' To start off with the observation of facts, to draw from them predictions which are verifiable by other facts, that is the modest endeavour of scientists today ' (9).

What then were the observational data transmitted in the material recorded during analytic sessions? Our records were not verbatim. They included, however, the dreams, fantasies, and free associations which reflected the flow of emotions. For the most part they were sufficient to be approached by the usual method of psychoanalytic interpretation.[4] Actually, psychoanalytic data are so manifold that a significant part of every research is to distil from the complexity of material the data pertinent to the problem under investigation.

In general, we consider two kinds of data: the primary data of observation, and secondary data at which we arrive by interpretation. Since each interpretation is based on one or more hypotheses accepted in the theoretical structure of psycho-analysis, psycho-analysts are accustomed to a ' practical ', ' ad hoc ' method of investigation,[5] which, however, often takes assumptions for facts. It is necessary to distinguish not only the data of observations but also the theories on which our interpretations are based, and these again, from those ' secondary data ' and/or secondary theories which we derive from interpretations.

What then were the ' fundamental facts ' we observed? The consistent analysis of the psychoanalytic record revealed to us more than any other experience that the fundamental facts of psycho-analytic observation are affects, emotions, feelings, to which we respond primarily with empathic understanding. ' Empathy has to be explicitly recognized as the basic fact of psycho-analytic communication and experience ' (Kohut) (29). Since empathy is our fact-finding tool which may be blurred or blinded by the observer's resistances, the insight of the analyst into his own empathic, intuitive understanding is a prerequisite for the purification of the data, whether for the purpose of therapy or research. This is a simpler task in the analysis of the psycho-analytic record than in the immediate experience of the analytic situation. In interpreting the record, the ' countertransference ' which originates in the ' scientific appetence ' of the researcher, in his emotional involvement with his hypothesis, in his avidity for proof, may become the source of error. Yet these motivations are closer to consciousness and can be more easily controlled than those unconscious motivations which interfere with the sound evaluation of the experiences in the analytic process.

The events occurring during psycho-analytic sessions cannot be repeated. All events, external, interpersonal, and intrapsychic, can occur only once. (Even though patients report similar dreams repeatedly and use the same symbols frequently, they may have varying significance each time.) But analysing the record, the investigator can recognize the events which occur repeatedly in the psycho-analytic situation and can account for the factors responsible for the repetition. In our investigation we could count on two facilitating factors. One is that our research project acted as a selector, organizer of the material. Fluctuations in sexual affects and emotions present themselves to the empathic observer as direct experience. The other was that since the physiological processes are cyclic, some kind of repetition could be expected, after the pilot study revealed that the time of ovulation can be predicted from the analysis of the psychoanalytic record. This led some of the critics of our work to assume that, knowing the time of menstruation, the time of ovulation could have been assumed and not needed to be predicted.

[4] When this investigation was in progress, the advantage of psycho-analytic research outside the ' live analytic situation ' was not yet recognized. Since then the use of records has become the custom and the demand for ' complete ' records is growing. Therefore it seems necessary to emphasize the advantage of such records, which were not intended to be complete and were in most cases taken by analysts who were not involved, or even interested, in the research. Yet such records contained sufficient relevant data without submerging them in masses of misguiding details.

[5] French was the first to investigate systematically whether psycho-analytic interpretations can be validated by psycho-analytic method. Such investigation, in which the various levels of interpretations during the different phases of the analytic process serve as checks on previous interpretations, can be done only on recorded material. Starting from the ' focal conflict ' of the day, French proceeds to interpret the unconscious factors from which he finally formulates the intricate pattern of behaviour which, in each instance, is part and parcel of the total personality (19).

Taking into consideration the variations in the time of ovulation, 'guesses' would not have resulted in such high correlations as we arrived at by analysis of the material, especially of dreams.

Soon after the publication of our preliminary reports, Altmann, Knowles, and Bull investigated the physical and mental aspects of the menstrual cycle in 55 cycles of ten ' healthy ', mature college women (2). While the average for ovulation determined by electrical method was the 11·8th day of the cycle, they found that ' even for the same individual there was rarely a repetition of the spacing of ovulation in consecutive cycles, a variation from the 5th to the 16th day being no exception '. These authors found that ovulation was accompanied by elation and relaxed activity, while the premenstrual phase was characterized by tense activity, irritability, and also by depressed mood.

This investigation is cited here not only because it confirms our findings but because it gives us a welcome opportunity to point out the difference between the clinical method of observation and the psycho-analysis of the recorded material.

Sexual impulses, wishes, desires are, or can be, expressed overtly. Even if hidden in fantasies and dreams, they precipitate moods and feelings which are experienced. Frustration of sexual impulses causing tension, anger, etc., is recognizable by the observed and the observer. The intensity of affects can be ' rated ' by the empathic response of the observer as Altmann and co-workers did. (Such are also the primary data of psycho-analytic investigation.) Although careful observation succeeds in isolating the superficial motivating factors and arriving at correlations with the particular phases of the ovarian cycle, the task of the psycho-analyst begins beyond this. He tends to discern the psychodynamic processes which are not accessible to experience, which through the processes of physiological maturation and psychological development have become incorporated in the structural and drive organization of the individual. Psycho-analysis discovered the 'repressed', those instinctual tendencies which were and remained unconscious or had become so during the developmental processes. We are so accustomed to searching for the repressed sexual tendencies and their vicissitudes that we often forget that we arrive at them from the currently experienceable phenomena of sexuality. Actual wishes, longings, desires, urges, and impulses, their current suspense and frustration and/or release and gratification, mobilize the drive energy which recharges the channels of repressed affects and impulses (and their related mental representations and symbolic elaborations) and thus reanimate the past to become incorporated again as an integral (and modifying) part of the present experience. Applying this concept consistently to the analysis of the psycho-analytic records, we followed the ebb and flow of emotions; we accounted for the individual variations of motivations and expressions as well as for the influences of currently changing life situations. (The psycho-analytic process itself also is a significant part of this.) Thus we drew conclusions about the dominant psychodynamic tendencies which motivated the current emotional attitude and behaviour. From this we inferred the gonadal, hormonal stimulation. We assumed that this is what accounts for the woman's *preparedness* for a particular response at a given phase of her cycle.[6]

It is not possible to give a complete account of the application of psycho-analytic technique in this research. Here, therefore, only the main propositions will be reviewed.

(i) First, the genetic, structural, and psychoeconomic integration of the personality is established. Such longitudinal analysis goes along as one studies the record, just as in the actual analytic process the analyst's understanding deepens and branches out to encompass what is newly learned. It is assumed that the organization of the personality is a permanent system, even if this is true only in a limited sense.

(ii) Analysing the day-by-day variations of emotions we interpret the fluctuations of the psychic equilibrium which shifts continually under the influence of internal needs and external demands.

Among the variety of behavioural and psychological manifestations which gave access to such interpretations, dreams proved to be the reliable ' objective material ' of psycho-analysis. The detailed analysis of dreams was utilized to gauge the qualitative and quantitative shifts in the sexual drive during the dream process. The dependability of the dream interpretation can be explained by the consistency of our search. However complex the dream elaboration might have been, the interpretation had to answer the following questions: What manifestations of the sexual drive can be recognized in the dream?

[6] An attempt to present this was made in Chapters IV and V (Benedek (4)).

What is the motivational origin of the dreaming ego's conflict in regard to the sexual impulse? What is the process leading to the dream solution? Each dream thought is a step toward the dream solution, often motivated by shifts in the manifestations of the sexual drive. For example, often a forbidden genital tendency is resolved by an acceptable (usually not recognizable) substitute motivated by a pregenital tendency. At other times, dreams build up step by step toward a genital tendency which might provoke anxiety as a defence or might break through accompanied by pleasurable or painful emotions. The 'feeling tone' of the dream, the affects and emotions experienced by the dreaming ego, as well as the emotional response of the waking personality to the dream experience, afforded primary data for our investigations.

(iii) In the centre of our investigation is the 'mental event' (23) of the affective experience. In analysing the function of the affective experience in a given psycho-economic constellation we interpret (at least) two levels of data: one is the affect, and the other is the ego's function which in response to the affect integrates the psychic processes through which psychic equilibrium is reestablished. This may result in manifest behaviour and/or in further elaboration of psychic processes.

How do we derive from such complex mental processes our secondary data, to be compared with the data from physiological estimates of the gonadal hormone state?

There are massive shifts in the psycho-economic equilibrium, such as the sense of frustration and anger, reactive to need tension; emotions such as contentment, pleasure, joy and elation are responses to release and gratification; others like sadness and grief are responses to loss. These phenomena and many others can be considered expressions of the total personality to need and gratification; they express unmistakably psychic pain or pleasure in various colouring and intensity. They are directly accessible to empathy; they can be analysed from the point of view of the participating ego, but they do not permit further reduction in regard to the motivating instinctual energies (not within the frame of the first instinct theory).[7] In our investigation we interpreted these phenomena of reactive affects in relation to the psychodynamic processes which activated them.

The quality of an affective experience cannot be further defined—we simply feel it. The sexual quality of an experience, even in its distortions and defensive elaborations, is easily recognizable to the observer as well as to the observed. Hostility in all its disguises gives an unmistakable (negative) feeling tone. Love and hate, however, are complex emotions. Each of them, when it appears as a current phenomenon, brings with it a long history of the developmental experiences of the past which, at least partially, can be recognized in the current emotions. Regarding loving and hating, psycho-analysis has established that individual experiences of these emotions, from infancy on, interact with the ego and supply the genetic and structural motivations for the ego's propensity to a particular emotional response. Thus in the analysis of an affective experience, we confront the psychodynamic factors which presently precipitate the affect with the genetic motivations of the response; the latter is considered again from the point of view of the affect and of the ego since affects, in the course of development, become an organized part of the personality. This can be easily illustrated in such complex affects as envy, jealousy, generosity, miserliness, ambition, indolence, etc. The whole gamut of human emotions which originate in an instinctual drive during the development of an individual may become a structuralized part of personality. For example, envy; almost by empathy one knows that envy is such an intensification of the wish to receive and own that it includes hostility toward the person who has what one wants. Envy can be traced back to the infant's lack of security that hunger will be followed by satiation. It is often renewed, for example, by a threat of losing love, by sibling rivalry. The greed and envy of the child is an anxious, tense affect; its immediacy, however, diminishes step by step as envy becomes integrated as a character trend with a specific function in the personality. Generosity, the ability to give freely, originates also in the oral give-and-take of infancy; associated with positive object relationships, its repetition as affective experience indicates a different level of personality (and, relating to our investigation, also hormonal) integration, from that of envy. The anxious wish to retain—the affect content of miserliness—is assumed to originate in the anal retentive wishes of childhood. These examples suffice to illustrate that *each complex affect can be analysed in regard to* (a) *the psychodynamic*

[7] Psycho-analytic phenomenology attempts to formulate the metapsychology of such phenomena from the point of view of neutralization of psychic energies, i.e. in the frame of the second instinct theory.

tendencies which constitute it; (b) *its genetic motivation; and* (c) *its function in the total personality.*

(iv) In the detailed analysis of psychodynamic processes, Alexander's vector concept proved to be a dependable tool of psycho-analytic research. Alexander's hypothesis states that emotions deprived of their ideational content are expressions of one or more of the fundamental directions that characterize biological processes (1). The vector qualities of ' intaking ', ' retaining ', and ' eliminating ' represent directions related to physiological processes. On their orderly sequence life depends. Through them the energies are produced which supply internal stimulation and maintain the dynamic stability of the organism. Alexander characterized the known developmental phases not in terms of the erotogenic zones, but by the direction of the psychodynamic tendency corresponding to the function of the dominant zone at various levels of development. Thus the oral phase is characterized by receptive, the anal phase by retentive, the urethral (phallic) phase by eliminative tendencies. In the organization of genital sexuality, the three vector qualities—the receptive, retentive, and eliminative tendencies—achieve functional balance. Thus the vector concept permits further breakdown of the sexual drive into its components, each of which can be defined, like the drive itself, by its direction, aim, and object. Since the psychodynamic tendencies are simpler constructs than the sexual drive, they can be applied to the analysis of any affect or to any manifestation of shifts in excitation. By analysing affects as manifestations of one or more psychodynamic tendencies, we can discern the changing level of the integration of the sexual drive.

Besides this, however, we have to take into account the impetus of the drive, the intensity of the psychodynamic tendency. It is obvious that there are periods when the envious person is not so bothered by envy; when the bountiful appears not to care so much. The quantitative aspects of drives (and psychodynamic tendencies) are communicated to oneself by insight and to the observer by empathic understanding. Observing the daily fluctuations of affective experiences as they are revealed in the psycho-analytic material, we get the impression that the developmental conflicts which we usually refer to the unconscious carry different amounts of psychic energy, cathexis, at different times. Sometimes conflicts are remote from consciousness; at other times they strive for discharge. In sexually mature adults, sexual stimulation is usually expressed in direct desire, impulse, and behaviour; while in young individuals or when gratification is impossible, sexual stimulation is usually expressed in the reactivization of the developmental conflicts. The reawakening of the developmental conflict increases psychic tension and at the same time affords a greater variety of expression for the psychic tension. Since every impulse which has a drive towards fulfilment also has the power to call forth the defensive and controlling functions of the ego, the interpretation of the impetus, of the quantitative aspect of the drive, often has to be based on the manifestations of the ego's defences against the psychodynamic tendency. In interpreting the intensity of the emotion, or of the drive, we equate the psychic tension created by the defence reaction with the impulse which is warded off by the ego's defence. (For example, when the heterosexual impulse is importunate, the ego reacts with anxiety and hostility.) The quantitative factors involved in these processes are more easily accessible to one's empathic evaluation if the sexual tendency is active, object-directed, i.e. during the oestrogen and premenstrual phase of the cycle, than during the progesterone phase. Passive receptive needs, the need for withdrawal and concentration on the own body—the concomitants of the post-ovulative progesterone phase—seldom have a driving quality. So the wish for pregnancy and motherhood and the anxious defences against these wishes are often symbolic and indirect, which makes empathic, quantitative evaluation difficult. Yet, even in this regard, dream analysis was a dependable guide.

No matter how remarkable, it is well established that the psychic apparatus registers the physiological changes of an organ in dreams. It seems that an organ which has a normal or a pathologic state of tumescence may activate the psychic representation of the organ in sleep even if it does not in the waking state.[8] The female genitals, especially the uterus, go through a period of physiological growth during ovulative

[8] Freud pointed out (1917) (21) that inflammatory or other pathological organic processes may be perceived unconsciously and that they appear in dreams before the symptoms are sufficiently acute to attract attention. Ferenczi's concept of pathoneuroses (16) deals with the psychodynamic reactions to such perceptions. French (1937) (18) generalized from another viewpoint, stating that there is a physiological excitation perceptible to the dreaming ego in those organs which are symbolically represented in the dream.

and post-ovulative phases. The increased physiological activity of the organs, although not conscious, is perceptible to the sleeping ego, and the awareness of the womb expresses itself in a symbolic manner. The more intense the feeling tone connected with the symbolism appeared, the safer we felt in estimating a high level of progesterone in the post-ovulative phase. These are but a few examples of the manifestations of changes in the sexual drive from which we predicted the qualitative and relatively quantitative changes in the gonadal hormones. Although for detailed evaluation of the correlated data we refer to previous publications, a summary of the course of the gonadal cycle and the corresponding emotional cycle is necessary here as basis for our further discussion.

II

The gonadal cycle begins, often during menstruation or soon after the flow ceases, with the ripening of the follicle which produces *oestrogenic hormones*. Corresponding with this stimulation, an active object-directed, psychodynamic tendency characterizes the sexual drive and brings forth wishes, fantasies, and desires of various intensity and from different levels of maturation. The aim of the unconscious motivating tendency is to bring about contact with the sexual object and achieve gratification through coitus. When progesterone production comes into effect, beginning in the preovulative state, the active, outwardly-directed tendency fuses with a *passive receptive tendency*. Parallel with the peak of the cycle at the time of ovulation the sexual drive reaches its highest level of integration. While the emotional manifestations of this state may vary depending upon the individual's chronological and emotional maturity, and also upon her external situation, analysis reveals that *corresponding with high hormone production an integration of the basic psychodynamic tendencies occurs*. The effect of the fusion of the passive receptive tendency with the dominant heterosexual tendency is recognizable in the emotional manifestation of the ovulative phase, which thus can be characterized as 'heat', the peak of the woman's sexual cycle.

Boas (10) doubts this finding and considers it teleological. He found statistically the peak of libido at the post-menstrual phase and this he relates to exogenous, social-psychological factors. Boas seems to confine the term 'libido' to the overt manifestations of sexual desire, and does not consider it an integrating psychic energy having complex emotional manifestations which are not always recognizable as sexual in manifest behaviour.

After ovulation and relief of preovulative tension, manifestations of the receptive and retentive tendencies dominate the emotional life during the progesterone phase of the cycle. This is a high hormone phase, since both hormones, oestrogen and progesterone, are produced. Yet the active heterosexual tendency appears masked, overshadowed by manifestations of passive-receptive and retentive tendencies. The content of the psychological material can be best described as emotional preparation for motherhood. This evolves parallel with the effects of the corpus luteum hormone upon the uterus which prepares for nidation of the impregnated ovum.

If conception does not occur, the corpus luteum, which attains its maximum functional capacity, begins to degenerate about a week after ovulation. With the diminishing progesterone production, which in the late phase of the cycle inhibits oestrogen production, the total hormone level declines. Parallel with the low hormone level a regression of the psychosexual integration seems to take place; pregenital manifestations of urethral, anal, and genital eliminative tendencies motivate the psychodynamic trends. This regression and the increased general irritability of the sympathetic nervous system are manifestations of the 'moderate degree of ovarian deficiency' of the 'premenstrual phase' (26), which is one significant factor in the premenstrual 'recurrent neuroses' of women (11). Important as these manifestations may be for the clinician, they are significant for us only in that *parallel with the low hormone production, the sexual drive, which was integrated toward the mature reproductive goal during the high hormone production, is regressed.* Not only is it broken up into its component parts, but each of these tendencies appears to motivate 'pregenital' emotional patterns which were characteristic for the individual during her pregenital and prepubertal development.

The end of the sexual cycle is brought about by hormone withdrawal, which ushers in the menstrual flow. Soon after the flow is established, the tense mood relaxes and after a few days the new follicle begins to ripen; the concomitant sexual stimulation suggests the beginning of a new cycle. It appears that the sexual drive repeats its developmental integration with each cycle. The emotional upheaval which accom-

panies the phasic integration and regression of the sexual drive, however, diminishes with the progress of physiological and emotional maturation. This indicates a developmental adaptation to the physiological and psychological tasks of the reproductive function.

Beneath all the complex and variable superstructure of human personality, one can detect the psychophysiological response to the hormonal stimulation which directs the sexual needs of woman toward her reproductive function. *The term ' sexual cycle ', which implies the ovarian hormone cycle and its correlated drive organization, designates an innate pattern.*

The term ' innate ' refers to self-differentiating patterns which come into being during the course of normal development. Since environment always plays a rôle in development, the term ' innate ' seems not to do justice to the facts (15). George Engel in his discussion (14) of this paper recommended the term ' autonomous '. He considers this not only more precise, but also expedient, since the term is established in psychoanalysis to designate certain levels of ego organization and function. The advantage of this term is obvious in reference to the establishment of early self-differentiating patterns, such as sucking, eating, posture, walking, speech, etc. (25). It seems, however, to be confusing in relation to complex functions of adults such as the biological and psychological patterns of human reproduction.

The schematic presentation of the sexual cycle did not indicate the variations of the gonadal cycle; it did not call attention to the significance of the balance between oestrogen and progesterone production and the ensuing transactional sequence of the phases of the cycle. This, however, determines the length of the cycle, the time and duration of the menstrual flow, the course of the premenstrual phase, the existence of menstrual symptoms or the lack of them. While these variations of the gonadal cycle exert influence upon emotions, closer analysis of the personality development reveals that the particular gonadal hormone pattern may be the result of psychosexual development (4, ch. ix). Thus when reproductive maturity is attained, not only are the emotional patterns under control of high psychic organizations (superego) but also the physiological patterns are influenced by developmental processes. Neither could be considered 'autonomous' (in the sense in which the term is used in psychoanalysis). Yet we feel safe in our assumption that the sexual cycle is an innate, self-differentiating pattern, the evolution of which can be traced through the interacting processes of physiological maturation and psychological development.

The effectiveness of the psycho-analytic, interpretive method in establishing correlations between the gonadal hormones and psychodynamic processes, even through the ' irregularities ' of individual variations, offers supportive evidence for the pyscho-analytic theories upon which the interpretations were based.

Instincts in man subserve adaptive behaviour. Freud (20) assumed that the individual, being completely dependent upon the external world in order to survive, regulates his adaptive processes according to the pleasure-pain principle. This fundamental regulator of psychic economy co-ordinates all functions toward the aim of survival. The instinct of survival is the primary organizer of psychic processes. At a time when the ego is weak and its energies are not yet differentiated in patterned defence mechanisms, if an external danger or internal conflict raises the psychic tension, the adaptation is achieved by a change in instinct. Unconscious are the processes by which primary instincts are repressed and/or change their object, aim, and direction. Psycho-analysis has revealed many examples of such changes in the ' partial ' instincts, for example, the active, sadistic tendency having turned toward the self changes both its object and direction in masochism.[9] The active tendency to derive pleasure from looking may be turned into the passive tendency to be looked at, etc. Thus what Freud referred to as ' vicissitudes of instincts ' represents modifications of instincts resulting from specific needs in adaptation. The adaptability of instincts, however, is not unlimited. After having participated in such radical changes, their capacity for further change is reduced and the response pattern of instincts becomes more or less fixed. The primary pattern resulting from the adaptive changes of ' partial ' instincts includes, according to our present concept, a corresponding organization of the ego. This, in turn, implies the introject of the object (objects) through whom the primary instinctual needs were gratified or frustrated. Thus, through primary adaptive processes the instincts participate in forming

[9] Examples of such changes in the fixed instinctual patterns of animals have been reported by ethologists (33). See footnote 11.

patterns of response and discharge; they become primary ego structures; their further adaptability is limited and also motivated by their genetic history. The primary ego structures, through continual interaction with each other in response to the environment, enter further differentiations and syntheses which become characteristic for the individual and finally constitute his personality.

Personality, that relatively static system of highest organization of psychic energies, puts its stamp upon the transient fluctuations of the psychosexual equilibrium. On the personality, on its genetic and economic organization ' depends the ideational content of the affects and emotions, also the ego's ways and means of dealing with them; even more specifically on this depends the " quantity " of libido which is available to fill the channels upon the various phases of gonadal hormone stimulation ' (6). This we recognize as drive. Drive represents that level of organization of psychic energies which is accessible to experience. Both the qualitative and the quantitative aspects of the drive can be subjectively distinguished and, in instances, referred to as ' somatic source ' of stimulation. The sexual drive is a complex structure. It can be broken down to its component psychodynamic tendencies. This affords a method to determine the changes in the direction and aim of the sexual drive.

The consistent analysis of these three phases of motivational organization demonstrates that (*a*) the personality represents a system in which the psychic energies, which participate in developing and maintaining the system, are in continuous interaction with energies supplying its current functions. (b) The response to the ongoing process of gonadal hormone stimulation—the reproductive drive—is expressed according to the ontogenetically developed patterns of the personality. (c) Beyond this is the innate, self-differentiating pattern, expressed by the change in the direction of the sexual drive in correspondence with the phasic function of the ovaries.

III

Oestrogenic hormone is the hormone of preparation. Produced from childhood on, at the time of prepuberty its function is to stimulate the growth of secondary sex characteristics and the genital organs and to maintain the uterus in readiness for the changes that will continue to be imposed upon it by the corpus luteum after full maturity is achieved (12). In each sexual cycle the individual's development towards heterosexual maturity is telescoped in the (preconscious) psychodynamic trends of the follicle-ripening phase. Since in the preovulative phase oestrogen has already fused with the incipient progesterone, the sexual drive is enhanced and coloured by the receptive tendency; the developmental conflicts shift from the heterosexual to those which we find characteristic of the progesterone phase.

Ovulation is a unique physiological event, since it is accompanied by systemic reactions. Of the physiological signs of the systemic reactions, best known are the heightened basal body temperature and the change in bioelectrical potentials of the skin. On the psychological side, a sense of relaxation and well-being seems to flood the woman with libido. A shift of the woman's interest to her own body and its welfare are characteristic signs of ovulation. In terms of psychodynamics, with each ovulation introversion of the outwardly-directed sexual energy occurs. At the beginning this appears to motivate a narcissistic state and then mobilizes the innate patterns of passive-receptive and retentive tendencies which, under the stimulation of progesterone, gain in intensity during the active stage of the corpus luteum. Indeed, the question arises whether that which the psycho-analyst may term a ' narcissistic state ' can characterize the phase of the cycle when the woman is most accessible to heterosexual intercourse. Yet this is the same in both sexes. The heightened libidinal state is felt as a satisfying state of one's own body. This is the prerequisite in the male for his assurance of vigour and in the woman that she is lovable and may let herself be loved, and also can give of herself and therefore may receive without fear.

It is the physiological characteristic of woman that her reproductive function requires an increase in metabolic processes. This is reflected in the intensification of receptive and retentive tendencies as a response to the need for fuel to supply energy for growth. While this readily explains the psychodynamic processes of pregnancy and lactation, it must make us stop to think regarding the ' need for fuel ' at the time of ovulation and during the progesterone phase without conception. Indeed, the actual increase in metabolic need must be minimal, and yet the increase of basal body temperature, as well as the psychic responses to ovulation, indicate a vigorous reaction. This signifies that the gonadal hormones have set in motion an innate pattern, the repetition of phylogenetic experience. In

the presence of signal stimulation, especially at the beginning of each characteristic phase of the cycle, the central nervous system sets in motion the specific pattern of physiological and emotional responses. Even if they actually are not needed, they afford learning by repetition. While this statement refers to each phase of the cycle, it is ovulation which brings to mind the comparison with the ' Innate Releasing Mechanism ' (I.R.M.) which the ethologists consider the integrating factor of reproductive behaviour in animals. Released automatically when the anatomical structure is ready, ovulation is the signal to which the psychic apparatus responds with a directional change of the drive energy, preparing to supply the psychodynamic correlates for the ensuing ' preparation for pregnancy '.[10]

Gonadal hormones are not directly responsible for the intensity of the drive nor for the organization of the sexual personality. Sex hormones are facilitating agents which, by changing threshold values, allow specific nervous mechanisms of sexual behaviour to be more readily stimulated (3).[11] The hormone stimulation activates, besides the symbol representation of the organ, the psychic representations of its functions.

The symbolic process by which the body image, both as a whole and in its parts, is represented consciously and unconsciously, is subserved by the central nervous system. The gonadal hormones through the central nervous system activate the body image. At the time of ovulation, the whole body image seems to be highly cathected along with the receptive organ, the vagina. But there is evidence that these processes do not depend entirely on hormonal activity and the state of the uterus. Analysis of women who had undergone hysterectomy after full functional maturity indicated that a cyclic representation of the cycle was maintained and they had uterus dreams. The significance of the central organization is even more impressively demonstrated in mature women who have undergone total extirpation. They may show a ' reflection ' of the ovarian cycle in some cases for several years.

Whether the ' organic memory ' supplies the stimulation or the wish to be healthy and fertile, it seems as if these processes have some similarity to phantom pain, producing phantom pleasure, wish fulfilment and sometimes pain, pelvic discomfort.

The integration of physiological (bodily) and mental processes can be most clearly observed during the progesterone phase of the cycle. The wish for pregnancy, the fear of it, or the hostile aggressive defence against it are characteristic of the psychodynamic material during the progesterone phase of the cycle. Acting through the central nervous mechanisms *progesterone* stimulates two receptor systems. One is obviously the uterus which under the influence of a relatively small amount of progesterone undergoes pregestational proliferation; the other is the ' psychic apparatus ' which, parallel with the progestational changes of the uterus, appears extremely perceptive to this otherwise dormant organ. While the drive quality of the heterosexual tendency—the oestrogenic effect—is easily recognized, the drive quality referable to the progesterone effect is not obvious. Yet the internal physiological processes excite the central intrapsychic representation of the uterus. Archaic symbolic representations of the uterus such as dreams of water and waves, protecting dwelling places and threatening hollows, are characteristic of an unconscious perception of the womb. Fliess (17), without considering the hormonal phase, relates such dreams to the woman's awareness of her womb.

Theories concerning drive discharge phenomena towards the inside of the body corresponding to physiological processes gain support by the phenomena (27) of the progesterone phase. Here we should refer also to the studies of J. Kestenberg (28) which deal with the origin of erotogeneity of the female sexual organs. These studies indicate that when the gonadal hormones set in motion the reproductive physiology, they co-ordinate already prepared organ sensibilities with prepared drive patterns.

[10] The influence of central nervous stimulation on these processes is indicated in instances when particular sexual experience stimulates ovulation at a time when its physiological readiness cannot be expected, i.e. immediately before or after menstruation.

[11] These mechanisms have been well studied by ethologists in regard to mating and parental behaviour of animals. Psycho-analysts are especially interested in these experimental studies; they confirm the significance of ontogenic development, even for lower vertebrates. It is of great interest to psycho-analysts that ethologists describe sexual behaviour as an interaction between external stimuli (sign stimuli) and the ' internal releasing mechanism ' (I.R.M.) which functions when ' action-specific energy ' is accumulated. The process of this accumulation of the species-specific sign stimulus, the species-specific behaviour pattern is released and, as Lorenz assumes, the ' action-specific energy is consumed '. This concept of ' discharge of energy ', as well as the ' displacement behaviour ' if the need is frustrated, allows for many analogies between psycho-analytic concepts of instincts and their vicissitudes during individual development in humans, and the development of ' species-specific behaviour pattern ' during the evolution of a species in general (31).

The comparative study of the progesterone phases in several women through a number of cycles reveals the biological learning process under the stimulation of the corpus luteum hormone. Introduced by the introversion of psychic energies at the time of ovulation, the increased receptive and retentive tendencies mobilize the memory traces of the oral-dependent phase of development.

In previous publications (5) I have elaborated upon the reciprocal interactions between mother and infant, in the course of which the infant incorporates into his primary mental structures the memory traces of positive-satisfying and negative-frustrating experiences of the oral-dependent phase of development. When the infant integrates the memory traces of gratified needs with his developing confidence in his mother, he implants the confidence in his well-being, in his thriving, good self. In contrast, with the memory traces of frustrating experiences he introjects the frustrating mother as ' bad mother ' and himself as crying and frustrated, as ' bad self '. Thus he inculcates into his psychic structure the core of ambivalence. These primary ego structures, confidence and the core of ambivalence, originating in the rudimentary emotional experiences of early infancy, are significant for the infant of either sex. They determine the child's further relationship with his mother and through it, to a great extent, his personality. A generation later these primary ego structures can be recognized as motivating factors in the parental attitudes of the individual.

Yet, in the biological depth of the organism, the experiences of the oral phase of development are stored for purposes differing as between girls and boys. The innate femaleness of the girl directs her development towards motherhood through step-by-step identification with her mother. The positive psychological balance of the early alimentary phase of development, which accounts for confidence, facilitates a relatively conflict-free process of identification with the mother. The incorporated reaction to frustration (ambivalence), however, complicates the development towards motherhood by charging the representations arising from mother identifications with hostile-dependent and aggrest sive tendencies. Each woman's developmentowards motherhood represents an interacting process between these extreme polarities of psychic representations of the biological dependence on the mother. This is reflected in the wish for pregnancy or in the hostile aggressive defences against it, which characterize the emotions of the progesterone phase, especially in adolescents and in neurotic women.

The processes which, under the stimulation of progesterone, lead to a gradual resolution of the conflicts are unconscious. In the physiologically well defined, repetitive progesterone phase of the cycle are telescoped the oscillations of those processes by which the dominant tendency of childhood—the need to be fed and taken care of —is replaced by the adult woman's physiological and emotional ability to give, to succour, to be a mother. From the point of view of ego development, we may add that not independently of the physiological cycles but in interaction with them the ego matures to incorporate into the ego-ideal of the adult woman, as her most significant aspiration, the wish to be a mother.

From the viewpoint of the organization of the reproductive drive, *pregnancy* is associated with an immense intensification of the progesterone phase of the cycle. The enhanced hormonal and general metabolic processes go hand in hand with the emotional manifestations of receptive and retentive tendencies. These account for the ' primary narcissistic state ' of the mother which is a well-spring of her motherliness.[12] The physiologic and psychologic processes of pregnancy speed up the intrapsychic processes which culminate in motherliness.

The drive organization which represents the psychodynamic correlates of pregnancy does not alone account for the psychology of pregnancy and motherhood. The object relationships which through the developmental processes became incorporated into the personality explain the specific meaning of the experience of pregnancy for each woman and give the particular colouring to the mother's relationship with each of her children.

The cyclic function of the ovaries brings about the repetition of the developmental conflicts and directs their ' working-over ' (7) toward reproductive maturity. The special significance of the conflicts and identifications with the mother—relegated mainly to the progesterone phase—has been adequately emphasized. But identifica-

[12] Many women nowadays, unafraid of the hardship of childbearing, are proudly aware of and give conscious expression to these feelings, even if not with the sensitivity of the poet:

' Not the land, but her fullness was spread about her
Walking she felt: one never transcends
The greatness that she now felt.'

(Rilke: *Visitation of Mary*. Translated by E. and R. Fliess) (17).

tions originating in the heterosexual component of the sexual drive have hardly been mentioned. Freud, considering only one aspect of the sexual drive—the heterosexual tendency—considered pregnancy a fulfilment of the wish to incorporate and retain the penis, especially the penis of the father. In our present way of thinking, Freud's hypothesis implies the motivational significance of one specific introject which originates in the phallic phase of development. This hypothesis, however incomplete, has demonstrated in many instances the motivational power of infantile fantasies. There are many fantasies originating in infantile object relationships. One or the other has greater significance in the development of the personality. During pregnancy the individually significant object relationship may become recathected and influence the course of the pregnancy and also the mother's relationship to her child.

The foetus is a part of the mother's body. What aspect of the body image does the foetus represent? In some cases it may be the missing penis; in others it is the admired beauty, or the envied pregnancy, of the woman's own mother; most frequently the foetus is the token of the loved self. Normally the foetus is cathected with narcissistic libido. This, however, does not always mean pleasurable emotional sensations. There are many ambivalent, hostile manifestations of the feelings concentrated upon the self. Thus, the foetus can represent the ' bad, aggressive, devouring self ', engendering fear of harbouring a ' monster '. Many women identify the foetus with faeces and relive during the pregnancy the ambivalent feelings and mysteries of the infantile sexual fantasy of the ' anal child '. There are many cases in which the anal or other regressive fantasies interfere with the pleasure of pregnancy. The mother's object relationship to her unborn child becomes ambivalent or strongly hostile when the fantasy which is projected on to the foetus is highly charged with ambivalence. The foetus, then, becomes the representation of a hated and/or feared person, and motherhood becomes an overwhelming menace.[13]

Besides the psychodynamic processes corresponding to the physiology of pregnancy, the ontogenic development of the personality determines what childbearing means to an individual woman. The self- and object-representations projected on to the child during pregnancy determine what each child represents to the mother. This, in turn, will influence her motherliness and her relationship to the child.

When a mother takes the baby to her breast and the infant begins to exercise the sucking reflex, the mother acts in accordance with her mammalian instincts to feed. The infant's need to be fed and the mother's preparedness to feed represent the interacting motivations which maintain mother and child as a symbiotic unit during lactation.

The action of the pituitary hormone upon the integration of mothering behaviour has been well studied in animals. In the human female, with the exception of lactation proper, one is inclined to overlook the significance of direct, immediate hormonal stimulation on mothering behaviour. This neglect may be explained by the fact that motherliness in human beings is considered a very high ethical value. The development of motherliness in the human being is not a simple response to hormonal stimulation, brought about by pregnancy and the ensuing biological necessity of caring for the young. Motherliness, in mankind, develops through the cyclic repetition of hormonal stimulation which, interacting with other aspects of the personality, reaches functional maturity through a complex process of personality development. Yet there are mothers of many children who do not seem ' motherly ', and other women who have never had children, unperturbed by the physiological and emotional stresses of motherhood, might demonstrate exquisite motherliness. In spite of the physiological processes which direct the female Anlage toward its completion, motherliness is the fruition of an innate quality of the personality.

In each phase of motherhood, or even in each act of mothering, we differentiate two levels of motivation as well as of action. One is dominated by the emotional manifestations of passive receptive tendencies and accompanies the processes through which the metabolic and emotional energy is stored to be used for the sake of the child. The other, more accessible to consciousness, motivates the active, giving, loving attitudes of motherliness. The balance between these two levels of motivation, the ' reconciliation ' of their intrinsic conflict, accounts for the gratifications of normal motherhood (8).

Our discussion of the reproductive drive of

[13] The anxiety and depression caused by such motivations may remain on the level of neurosis. In many instances, depending on the predisposition of the personality, the anxiety may activate a true psychosis, with hallucinations, paranoid defences, and schizophrenic reactions endangering the woman and her foetus (13).

woman has viewed the processes by which the drive, under co-ordinating hormonal stimulation, integrates in its organization the intrinsically interwoven processes of growth, maturation, and psychosexual development. The evolution of the ovarian cycle forces the emotional processes of adult women into regulated channels and shows how the pattern of the sexual cycle unfolds concomitantly with manifestations of those factors which determine the psychosexual development.

The analysis of the drive organization of motherhood and motherliness reveals the interaction between two types of cycles which are involved in the reproductive function. One is short; in women it evolves conspicuously from menstruation to menstruation. The other is long; its span is from the beginning of the individual's existence, from being conceived and born as a female, to the time when she conceives, gives birth, and cares for her offspring. The psychodynamic tendencies which motivate maternal behaviour originate in the alimentary symbiotic relationship which the mother-individual once experienced with her own mother. When in the course of the next generation she is the mother, her motherliness is motivated by the derivatives of the primary ego structures which she incorporated as an infant. Through her attitudes, she may convey them to her children, whether they become mothers or fathers of the next generation.

The long life cycle is reflected in the progesterone phase of the short cycle. Its monthly repetitions represent the processes by which the oral-receptive and anal-retentive phases, the pregenital-infantile levels of psychosexual organization, become transformed to motivate the genital reproductive maturity of woman. The teleological aim of the drive—to sustain the growth of the offspring—is affected by its ontogenic history. The psychodynamic tendencies which sustained survival and growth of the child by receiving, become organized toward the adult goal, that of giving and thus maintaining the offspring.

IV

At the beginning of this presentation it was pointed out that the male model of the reproductive organization does not explain the female reproductive function. What then does the phasic, female drive organization teach us about man?

Since man's reproductive function depends upon a single act, the motivation of which is experienced as a compelling desire for orgastic discharge, one might ask if there exists in man a primary, biological tendency towards becoming and being a father, a provider. Can we differentiate in man, as in woman, two goals of the reproductive drive?

In man as well as in woman, we can differentiate two arcs of the reproductive cycle. In the male the short cycle evolves without recognizable regularity, from one increase of compelling sexual urge to another.[14] Yet in the psychodynamic tendencies which prepare for and accompany coitus we can find similarities. To highlight this, we may recall the ' narcissistic state ' of the woman which signalizes the peak of sexual receptiveness about the time of ovulation. The enhanced libidinal state is felt as a satisfying state of one's body. In man, the height of sexual stimulation is accompanied by a libidinal narcissistic tension which involves his whole body. This is prerequisite for his sense of vigour, essential for performing with pleasure his active rôle in procreation. In contrast to woman's ovulative response, man's intensified libidinal state can be described as an extraverted narcissism channelized in active, object-directed behaviour which culminates in penetration and reaches its goal through orgastic discharge. With the consummatory act the male's reproductive function—the short arc—is finished and relaxation follows.

The long arc of the reproductive cycle evolves from the time of being conceived as a male to the time when he attains sexual maturity and is able to fulfil his function in procreation. Propagation is a special manifestation of growth. The individual, after having achieved maturity, surpasses the growth of his own body by producing a new individual. Under conditions which impede the reproductive function, such as sterility of either of the marital partners or enforced separation such as occurs during war, man's instinct for survival becomes conscious and

[14] Since the sexual apparatus of man is extremely susceptible to external and internal stimulation, it appears to be more under the influence of psychological mechanisms than under gonadal control—as if the semen, continuously produced and collected in its receptacles, is but waiting for stimulation to be released. A cyclical stimulation referable to the pattern of gonadal hormone function, possibly recognizable on careful examination, seems to be non-existent. There is an obvious variation of frequency and intensity depending on virility and potency; there is great variation in preparatory actions and their fantasy-stimulated effectiveness. These, however, are determined in men, as in women, by individual development. In humans, individual psychosexual development determines the pattern of preparatory actions of the drive. Cyclic oscillation of the reproductive drive can be more easily recognized in men with marked bisexual Anlage.

accessible to study. Man's desire to survive, especially in the offspring of his own sex, is documented by rites and religions, by custom and socio-economic organization. There need be no doubt that the male reproductive drive has psychic representations of instinctual, biological origin.

The question is whether we can differentiate in the male that organization which, paralleling motherliness, directs the reproductive drive towards fatherliness. Is there a biological tendency towards being a protector, a provider, towards raising offspring? I would answer this affirmatively, on the assumption that there are two sources of fatherliness; one is the biological bisexuality and the other is the biological dependency on the mother.

Regarding the first part of this assumption zoologists give us encouragement. In the reproductive functions of non-mammalian vertebrates they have found striking examples of a different distribution of courtship, preparatory activities, and, especially surprising to us, of the caring for the young. In many instances the male takes over the care of the deposited ova and/or feeding of the young, as the instinctual organization of the species requires. Even in mammals there are examples of the male's participation in the care of the offspring. Nature seems to be able to reach deep into the bisexual propensities to meet the needs of adaptive processes in a species.

Our knowledge of man's bisexuality is, however, extremely limited. Investigations have been impeded by cultural denial. Thus far, hormone chemistry has helped us but little. Androgenic and oestrogenic hormones, even progesterone, are closely related compounds; they occur in both sexes; their function and relation to symptoms are not clarified either by laboratory experiments or in clinical, therapeutic attempts.[15] Yet there seem to be hopeful signs that if reliable laboratory methods can be worked out, careful psycho-analytic studies may help to clarify the functions of ' normal bisexuality ' in man, just as it helps toward understanding the pathological drive ' to be both sexes ' (30).

The long-lasting dependence of the human infant is a biological characteristic of the species. This accounts for the significance that the oral-dependent phase of development has for the personality organization of individuals of both sexes. Every man's earliest security as well as his orientation to his world has been learned through identifications with his mother during the oral phase of development. In the normal course of development in the male, the early emotional dependence upon and identification with the mother is surpassed step by step through a developmental identification with the father directed by the innate maleness of the boy. This results not only in sexual competition with the father but also in multiple identifications with the various rôles of the father as protector and provider. These secondary manifestations of maleness are in continual transaction with those primary psychic representations which were established as a result of the oral-dependent relationship with the mother.

The primary drive organization of the oral phase, the prerequisite and consequence of the metabolic needs which sustain growth, maturation, and lead to the differentiation of the reproductive function, is the origin of parental tendencies, of motherliness and fatherliness. It should then be emphasized, as is evident, that the primary drive organization of the oral phase has no sex differentiation; it is asexual. Yet its further differentiation toward the ego functions of fatherliness and motherliness can be regarded as bisexual and emphasize that bisexuality means ' sexual ' only in a very limited area of its manifestations.[16]

Since physiological processes, tissue changes, are not involved in the functions of fatherliness, the drive organization which directs the passive receptive tendencies towards the active tendencies of feeding, protecting and providing is but diffusely anchored in the bisexual Anlage of the male. It reaches its goal by resolution of developmental conflicts—between male and female identifications and drive orientations—so that the adult male includes in his ego ideal his aspiration to complete his rôle in procreation by fatherliness.

---

[15] Animal experiments demonstrate that ' infantile experiences ' affect the neuromuscular mechanisms mediating sexual behaviour in small mammals of both sexes; that hormones influence mating behaviour as well as the reproductive potential (34). It is also demonstrated that infantile experiences affect the development of maternal instincts in small mammals (24). Psychobiological concepts elicited by psycho-analysis are becoming integrated with direct animal observations.

[16] Clinical observations of men's responses to their wives' pregnancy and lactation often reveal intensification of the tendencies toward such functions. In two instances the frustration of such emotional needs (because of the innate lack of possibility of fulfilment) was responsible for triggering off diabetes mellitus. The same emotional need often motivates regressions which lead to duodenal ulcer; much more often the regression which floods the mental apparatus with female reproductive tendencies leads to serious mental disturbances.

The discussion has centred on the organization of the reproductive drive, to show that it is organized differently in the male and female to serve specific functions in procreation. We have also noted similarities in the psychodynamic trends of the function which has a reciprocal goal, namely, coitus. Another similarity of the drive organization originates in the human infant's experience of his biological dependence. This in its mature phase permits a limited alternation of the rôles between the sexes in raising offspring.

The effect of the long-lasting dependence of the human child is that the maturation of the sexual function and the development of the personality are intricately interwoven processes. From the point of view of personality development the goal of maturation is the same in both sexes. Men and women alike reach their psychosexual maturity through the reconciliation of the sexual drive with the superego. This means that man is able to achieve sexual gratification only within the limits of his conscience.

The investigation of the sexual cycle does not contradict this effect of the cultural inheritance of mankind. On the contrary, it demonstrates that when the gonadal hormone triggers off a particular response pattern for each phase of the cycle, not only the drive and its action pattern are activated. The drive also recharges the intrapsychic processes which, through the development of the individual, have become stored in his psychic structure, in his ego and superego. Thus, parallel with the on-going physiological effect of the hormonal stimulation, the psychic apparatus has to select the adequate response, adequate meaning that which satisfies not only the physiological need, but also the internalized standards of the personality. This is true for both sexes. The gonadal hormones mobilize not only the drive but, along with it, the factors which inhibit the drive, postpone its gratification, negate its meaning and significance, and organize for its avoidance. It appears that the organizing and controlling functions of the ego and superego through the ontogenetic development of the individual become part and parcel of his physiological response pattern.

This expresses about man what Konrad Lorenz concludes regarding animals. He states, ' Behaviour patterns are not something which animals do or do not do, or do in different ways, but something which animals of a given species " have got " exactly in the same manner as they " have got " claws, or teeth, as a definite morphological structure ' (31, pp. 32–33). It is more than an analogy to say that man, through his phylogenetic evolution, ' has got ' a physiological organization on account of which he ' has got ' to develop his ego, his consciousness and self-consciousness. Freud once referred to the superego as the most recent phylogenetic acquisition. And so it seems to be. As the superego develops with each individual, it participates in the organization of the sexual drive towards its mature function. It is the distinction of the species that in this process man may disguise the sexual drive, may distort its meaning and function.

BIBLIOGRAPHY

(1) Alexander, Franz (1935). ' The Logic of Emotions and its Dynamic Background.' *Int. J. Psycho-Anal.*, **16**, 399–413.

(2) Altmann, M., Knowles, E., and Bull, H. D. (1941). 'A Psychosomatic Study of the Sex Cycle in Women.' *Psychosom. Med.*, **3**, 199–225.

(3) Beach, F. A. *Hormones and Behaviour.* (New York: Hoeber, 1948.)

(4) Benedek, Therese, and Rubenstein, Boris B. (1942). *The Sexual Cycle in Women.* (Washington, D.C., National Research Council.) Republished in: Benedek, Therese. *Psychosexual Functions in Women.* (New York: Ronald Press, 1952.)

(5) Benedek, Therese (1949). ' The Psychosomatic Implications of the Primary Unit: Mother-Child.' *Amer. J. Orthopsychiat.*, **19**, 642. Republished in *Psychosexual Functions in Women*, op. cit. (4).

(6) —— (1953). ' On the Organization of Psychic Energy: Instincts, Drives and Affects.' In: Grinker, Roy R. (ed.), *Mid-Century Psychiatry; An Overview.* (Springfield, Ill., Charles C. Thomas, pp. 60–75.)

(7) —— (1956). Toward the Biology of the Depressive Constellation.' *J. Amer. Psa. Assn.*, **4**, 389–427.

(8) —— (1956). ' Psychobiological Aspects of Mothering.' *Amer. J. Orthopsychiat.*, **26**, 272.

(9) Bernfeld, Siegfried (1941). ' The Facts of Observation in Psychoanalysis.' *J. Psychol.*, **12**, 289.

(10) Boas, C. van Emde (1955). ' Variations of Libido during the Menstrual Cycle.' *Int. J. Sexol.*, **8**, 214–219.

(11) Chadwick, Mary (1932). *The Psychological Effects of Menstruation.* (New York: Nervous and Mental Disease Publishing Co.) See also her *Woman's Periodicity* (London: Noel Douglas, 1933.)

(12) CORNER, GEORGE WASHINGTON. *The Hormones in Human Reproduction.* Rev. ed. (Princeton, N.J.: Princeton Univ. Press, 1947.)

(13) DUNBAR, HELEN FLANDERS. *Emotions and Bodily Changes: A Survey of Literature on Psychosomatic Relationships, 1910–1953.* 4th ed. (New York: Columbia Univ. Press, 1954.)

(14) ENGEL, GEORGE L. (1957). Discussion of original presentation of this paper, Twenty-Fifth Anniversary Meeting, Institute for Psychoanalysis, 16 November, 1957.

(15) EWER, R. E. (1957). 'Ethological Concepts.' *Science*, **126**, 599–603, 27 September, 1957.

(16) FERENCZI, SANDOR (1916). 'Disease or Pathoneuroses.' In his *Further Contributions to the Theory and Technique of Psycho-Analysis*, pp.78–94. (London: Hogarth, 1926.)

(17) FLIESS, ROBERT (1937). *Erogeneity and Libido.* (New York: Int. Univ. Press, 1957.)

(18) FRENCH, THOMAS M. (1937). 'Reality Testing in Dreams.' *Psychoanal. Quart.*, **6**, 62–77.

(19) —— *The Integration of Behavior.* (Chicago: Univ. of Chicago Press, 1951: in progress, to be complete in five volumes.)

(20) FREUD, SIGMUND (1915). 'Instincts and Their Vicissitudes.' *Standard Edition*, **14**, 117–140.

(21) —— (1917). 'A Metapsychological Supplement to the Theory of Dreams.' *Standard Edition*, **14**, 223–235.

(22) —— *An Outline of Psychoanalysis*, p. 23. (London: Hogarth, 1940.)

(23) GLOVER, EDWARD (1939). 'The Psycho-Analysis of Affects.' *Int. J. Psycho-Anal.*, **20**, 299–307.

(24) GOY, ROBERT W., and YOUNG, W. C. (1957). 'Somatic Basis of Sexual Behavior Patterns in Guinea Pigs; Factors Involved in the Determination of the Character of the Soma in the Female.' *Psychosom. Med.*, **19**, 144–151.

(25) HARTMANN, HEINZ (1939). *Ego Psychology and the Problem of Adaptation.* (New York: Int. Univ. Press, 1958.)

(26) HOSKINS, ROY GRAHAM. *Endocrinology. The Glands and their Functions.* Rev. and enlarged ed. (New York: Norton, 1950.)

(27) JACOBSON, EDITH. 'The Affects and their Pleasure-Unpleasure Qualities in Relation to the Psychic Discharge Process.' In: Loewenstein, Rudolph M. (ed.), *Drives, Affects, Behavior*, pp. 38–66. (New York: Int. Univ. Press, 1953.)

(28) KESTENBERG, JUDITH S. (1956). 'Vicissitudes of Female Sexuality.' *J. Amer. Psa. Assn.*, **4**, 389.

(29) KOHUT, HEINZ. 'Psychoanalysis and Introspection.' Paper read at the Twenty-Fifth Anniversary Meeting, Institute for Psychoanalysis, Chicago, 16 November, 1957. To be published.

(30) KUBIE, LAWRENCE S. 'The Need to be Both Sexes (A Study of Virginia Woolf's *Orlando*).' Unpublished paper read to American Psychoanalytic Association.

(31) LORENZ, KONRAD Z. *King Solomon's Ring.* (New York: Crowell, 1952.)

(32) —— 'Psychologie und Stammesgeschichte.' In: Heberer, Gerhard, ed. *Die Evolution der Organismen*, 2nd ed., rev. and enlarged, pp. 131–172. (Stuttgart: Fischer, 1954.)

(33) MENAKER, ESTHER (1956). 'A Note on Some Biologic Parallels between Animal Behavior and Moral Masochism.' *Psa. Rev.*, **43**, 31–41.

(34) SEITZ, PHILIP F. D. (1954). 'Effects of Infantile Experiences upon Adult Behavior in Animal Subjects. I. Effects of Litter Size during Infancy upon Adult Behavior in the Rat.' *Amer. J. Psychiat.*, **110**, 916.

(35) —— (1958). 'The Maternal Instinct in Animal Subjects.' *Psychosom. Med.*, **20**, 215–226.

(36) TINBERGEN, N. *The Study of Instinct*, p. 51. (Oxford: Clarendon Press, 1951.)

(Received 10 January, 1959)

ON THE THERAPEUTIC ACTION OF PSYCHO-ANALYSIS

By

HANS W. LOEWALD, M.D., New Haven[1]

Advances in our understanding of the therapeutic action of psycho-analysis should be based on deeper insight into the psycho-analytic process. By ' psycho-analytic process ' I mean the significant interactions between patient and analyst which ultimately lead to structural changes in the patient's personality. Today, after more than fifty years of psycho-analytic investigation and practice, we are in a position to appreciate, if not to understand better, the role which interaction with environment plays in the formation, development, and continued integrity of the psychic apparatus. Psycho-analytic ego-psychology, based on a variety of investigations concerned with ego-development, has given us some tools to deal with the central problem of the relationship between the development of psychic structures and interaction with other psychic structures, and of the connexion between ego-formation and object-relations.

If ' structural changes in the patient's personality ' means anything, it must mean that we assume that ego-development is resumed in the therapeutic process in psycho-analysis. And this resumption of ego-development is contingent on the relationship with a new object, the analyst. The nature and the effects of this new relationship are under discussion. It should be fruitful to attempt to correlate our understanding of the significance of object-relations for the formation and development of the psychic apparatus with the dynamics of the therapeutic process. A first approach to this task is made here.

Problems, however, of more or less established psycho-analytic theory and tradition concerning object-relations, the phenomenon of transference, the relations between instinctual drives and ego, as well as concerning the function of the analyst in the analytic situation, have to be dealt with. I, at any rate, found it unavoidable, for clarification of my own thinking, to diverge repeatedly from the central theme so as to deal with such problems.

The paper, therefore, is anything but a systematic presentation of the subject-matter. The four parts of the paper intend to light up the scenery from different angles, in the hope that the central characters will be recognizable although they may scarcely speak themselves. A more systematic approach to the subject would also have to deal extensively with the pertinent literature, a task which I have found impossible to assume at this time.

Before I proceed, I wish to make it clear that this is *not* a paper on psycho-analytic technique. It does not attempt to suggest modifications or variations in technique. Psycho-analytic technique has changed since the beginning of psycho-analysis and is going to continue to change. A better understanding of the therapeutic action of psycho-analysis may lead to changes in technique, but anything such clarification may entail as far as technique is concerned will have to be worked out carefully and is not the topic of this paper.

I

While the fact of an object-relationship between patient and analyst is taken for granted, classical formulations concerning therapeutic action and concerning the role of the analyst in the analytic relationship do not reflect our present understanding of the dynamic organization of the psychic apparatus. I speak here of psychic apparatus and not merely of ego. I believe that modern psycho-analytic ego-psychology represents far more than an addition to the psycho-analytic theory of instinctual drives. In my opinion, it is the elaboration of a more comprehensive theory of the dynamic

[1] Paper presented in two parts at meetings of the Western New England Psychoanalytic Society in 1956 and 1957. Parts I and III were read at the Annual Meeting of the American Psychoanalytic Association, Chicago, 1957. Part IV was read at the 20th Congress of the International Psycho-Analytical Association, Paris, 1957.

organization of the psychic apparatus, and psycho-analysis is in the process of integrating our knowledge of instinctual drives, gained during earlier stages of its history, into such a psychological theory. The impact psycho-analytic ego-psychology has on the development of psycho-analysis indicates that ego-psychology is not concerned with just another part of the psychic apparatus, but is giving a new dimension to the conception of the psychic apparatus as a whole. I shall come back to this point later on.

In an analysis, I believe, we have opportunities to observe and investigate primitive as well as more advanced interaction-processes, that is, interactions between patient and analyst which lead to or form steps in ego-integration and disintegration. Such interactions, which I shall call integrative (and disintegrative) experiences, occur many times but do not often as such become the focus of our attention and observation, and go unnoticed. Apart from the difficulty for the analyst of self-observation while in interaction with his patient, there seems to be a specific reason, stemming from theoretical bias, why such interactions not only go unnoticed but frequently are denied. The theoretical bias is the view of the psychic apparatus as a closed system. Thus the analyst is seen, not as a co-actor on the analytic stage on which the childhood development, culminating in the infantile neurosis, is restaged and reactivated in the development, crystallization and resolution of the transference neurosis, but as a reflecting mirror, albeit of the unconscious, and characterized by scrupulous neutrality.

This neutrality of the analyst appears to be required (i) in the interest of scientific objectivity, in order to keep the field of observation from being contaminated by the analyst's own emotional intrusions; and (ii) to guarantee a *tabula rasa* for the patient's transferences. While the latter reason is closely related to the general demand for scientific objectivity and avoidance of the interference of the personal equation, it has its specific relevance for the analytic procedure as such in so far as the analyst is supposed to function not only as an observer of certain processes, but as a mirror which actively reflects back to the patient the latter's conscious and particularly his unconscious processes through verbal communication. A specific aspect of this neutrality is that the analyst must avoid falling into the role of the environmental figure (or of his opposite) the relationship to whom the patient is transferring to the analyst. Instead of falling into the assigned role, he must be objective and neutral enough to reflect back to the patient what roles the latter has assigned to the analyst and to himself in the transference situation. But such objectivity and neutrality now need to be understood more clearly as to their meaning in a therapeutic setting.

Let us take a fresh look at the analytic situation. Ego-development is a process of increasingly higher integration and differentiation of the psychic apparatus and does not stop at any given point except in neurosis and psychosis; even though it is true that there is normally a marked consolidation of ego-organization around the period of the Oedipus complex. Another consolidation normally takes place toward the end of adolescence, and further, often less marked and less visible, consolidations occur at various other life-stages. These later consolidations—and this is important—follow periods of relative ego-disorganization and reorganization, characterized by ego-regression. Erikson has described certain types of such periods of ego-regression with subsequent new consolidations as identity crises. An analysis can be characterized, from this standpoint, as a period or periods of induced ego-disorganization and reorganization. The promotion of the transference neurosis is the induction of such ego-disorganization and reorganization. Analysis is thus understood as an intervention designed to set ego-development in motion, be it from a point of relative arrest, or to promote what we conceive of as a healthier direction and/or comprehensiveness of such development. This is achieved by the promotion and utilization of (controlled) regression. This regression is one important aspect under which the transference neurosis can be understood. The transference neurosis, in the sense of reactivation of the childhood neurosis, is set in motion not simply by the technical skill of the analyst, but by the fact that the analyst makes himself available for the development of a new ' object-relationship ' between the patient and the analyst. The patient tends to make this potentially new object-relationship into an old one. On the other hand, to the extent to which the patient develops a ' positive transference ' (not in the sense of transference as resistance, but in the sense in which ' transference ' carries the whole process of an analysis) he keeps this potentiality of a new object-relationship alive through all the various stages of resistance. The patient can dare to take the plunge into the regressive crisis of the trans-

ference neurosis which brings him face to face again with his childhood anxieties and conflicts, *if* he can hold on to the potentiality of a new object-relationship, represented by the analyst.

We know from analytic as well as from life experience that new spurts of self-development may be intimately connected with such ' regressive ' rediscoveries of oneself as may occur through the establishment of new object-relationships, and this means: new discovery of ' objects '. I say new discovery of objects, and not discovery of new objects, because the essence of such new object-relationships is the opportunity they offer for rediscovery of the early paths of the development of object-relations, leading to a new way of relating to objects as well as of being and relating to oneself. This new discovery of oneself and of objects, this reorganization of ego and objects, is made possible by the encounter with a ' new object ' which has to possess certain qualifications in order to promote the process. Such a new object-relationship for which the analyst holds himself available to the patient and to which the patient has to hold on throughout the analysis is one meaning of the term ' positive transference '.[2]

What is the neutrality of the analyst? I spoke of the encounter with a potentially new object, the analyst, which new object has to possess certain qualifications to be able to promote the process of ego-reorganization implicit in the transference neurosis. One of these qualifications is objectivity. This objectivity cannot mean the avoidance of being available to the patient as an object. The objectivity of the analyst has reference to the patient's transference distortions. Increasingly, through the objective analysis of them, the analyst becomes not only potentially but actually available as a new object, by eliminating step by step impediments, represented by these transferences, to a new object-relationship. There is a tendency to consider the analyst's availability as an object merely as a device on his part to attract transferences onto himself. His availability is seen in terms of his being a screen or mirror onto which the patient projects his transferences, and which reflects them back to him in the form of interpretations. In this view, at the ideal termination point of the analysis no further transference occurs, no projections are thrown on the mirror; the mirror, having nothing now to reflect, can be discarded.

This is only a half-truth. The analyst in actuality does not only reflect the transference distortions. In his interpretations he implies aspects of undistorted reality which the patient begins to grasp step by step as transferences are interpreted. This undistorted reality is mediated to the patient by the analyst, mostly by the process of chiselling away the transference distortions, or, as Freud has beautifully put it, using an expression of Leonardo da Vinci, ' per via di levare ' as in sculpturing, not ' per via di porre ' as in painting. In sculpturing, the figure to be created comes into being by taking away from the material; in painting, by adding something to the canvas. In analysis, we bring out the true form by taking away the neurotic distortions. However, as in sculpture, we must have, if only in rudiments, an image of that which needs to be brought into its own. The patient, by revealing himself to the analyst, provides rudiments of such an image through all the distortions—an image which the analyst has to focus in his mind, thus holding it in safe keeping for the patient to whom it is mainly lost. It is this tenuous reciprocal tie which represents the germ of a new object-relationship.

The objectivity of the analyst in regard to the patient's transference distortions, his neutrality in this sense, should not be confused with the ' neutral ' attitude of the pure scientist towards his subject of study. Nevertheless, the relationship between a scientific observer and his subject of study has been taken as the model for the analytic relationship, with the following deviations: the subject, under the specific conditions of the analytic experiment, directs his activities towards the observer, and the observer communicates his findings directly to the subject with the goal of modifying the findings. These deviations from the model, however, change the whole structure of the relationship to the extent that the model is not representative and useful but, indeed, misleading. As the subject directs his activities towards the analyst, the latter is not integrated by the subject as an observer; as the observer communicates his findings to the patient, the latter is no longer integrated by the ' observer ' as a subject of study.

While the relationship between analyst and patient does not possess the structure, scientist—scientific subject, and is not characterized by neutrality in that sense on the part of the analyst, the analyst may become a scientific observer to the extent to which he is able to observe objectively the patient and himself in interaction. The interaction itself, however, cannot be adequately

[2] A discussion of the concept of transference will be found in the fourth part of this paper.

represented by the model of scientific neutrality. It is unscientific, based on faulty observation, to use this model. The confusion about the issue of countertransference has to do with this. It hardly needs to be pointed out that such a view in no way denies or minimizes the role scientific knowledge, understanding, and methodology play in the analytic process; nor does it have anything to do with advocating an emotionally-charged attitude toward the patient or ' role-taking '. What I am attempting to do is to disentangle the justified and necessary requirement of objectivity and neutrality from a model of neutrality which has its origin in propositions which I believe to be untenable.

One of these is that therapeutic analysis is an objective scientific research method, of a special nature to be sure, but falling within the general category of science as an objective, detached study of natural phenomena, their genesis and interrelations. The ideal image of the analyst is that of a detached scientist. The research method and the investigative procedure *in themselves*, carried out by this scientist, are said to be therapeutic. It is not self-explanatory why a research project should have a therapeutic effect on the subject of study. The therapeutic effect appears to have something to do with the requirement, in analysis, that the subject, the patient himself, gradually become an associate, as it were, in the research work, that he himself become increasingly engaged in the ' scientific project ' which is, of course, directed at himself. We speak of the patient's observing ego on which we need to be able to rely to a certain extent, which we attempt to strengthen and with which we ally ourselves. We encounter and make use of, in other words, what is known under the general title: identification. The patient and the analyst identify to an increasing degree, if the analysis proceeds, in their ego-activity of scientifically guided self-scrutiny.

If the possibility and gradual development of such identification is, as is always claimed, a necessary requirement for a successful analysis, this introduces then and there a factor which has nothing to do with scientific detachment and the neutrality of a mirror.[3] This identification does have to do with the development of a new object-relationship of which I spoke earlier. In fact, it is the foundation for it.

The transference neurosis takes place in the influential presence of the analyst and, as the analysis progesses, more and more ' in the presence ' and under the eyes of the patient's observing ego. The scrutiny, carried out by the analyst and by the patient, is an organizing, ' synthetic ' ego-activity. The development of an ego function is dependent on interaction. Neither the self-scrutiny, nor the freer, healthier development of the psychic apparatus whose resumption is contingent upon such scrutiny, take place in the vacuum of scientific laboratory conditions. They take place in the presence of a favourable environment, by interaction with it. One could say that in the analytic process this environmental element, as happens in the original development, becomes increasingly internalized as what we call the observing ego of the patient.

There is another aspect to this issue. Involved in the insistence that the analytic activity is a strictly scientific one (not merely *using* scientific knowledge and methods) is the notion of the dignity of science. Scientific man is considered by Freud as the most advanced form of human development. The scientific stage of the development of man's conception of the universe has its counterpart in the individual's state of maturity, according to *Totem and Taboo*. Scientific self-understanding, to which the patient is helped, is in and by itself therapeutic, following this view, since it implies the movement towards a stage of human evolution not previously reached. The patient is led towards the maturity of scientific man who understands himself and external reality not in animistic or religious terms but in terms of objective science. There is little doubt that what we call the scientific exploration of the universe, including the self, may lead to greater mastery over it (within certain limits of which we are becoming painfully aware). The activity of mastering it, however, is not itself a scientific activity. If scientific objectivity is assumed to be the most mature stage of man's understanding of the universe, indicating the highest degree of the individual's state of maturity, we may have a vested interest in viewing psycho-analytic therapy as a purely scientific activity and its effects as due to such scientific objectivity. Beyond the issue of a vested interest, I believe it to be necessary and timely to question the assumption, handed to us from the nineteenth

[3] I am speaking here of ' mirror ' in the naïve sense in which it has mostly been used to denote the ' properties ' of the analyst as a ' scientific instrument '. A psychodynamic understanding of the mirror as it functions in human life may well reestablish it as an appropriate description of at least certain aspects of the analyst's function.

century, that the scientific approach to the world and the self represents a higher and more mature evolutionary stage of man than the religious way of life. But I cannot pursue this question here.

I have said that the analyst, through the objective interpretation of transference distortions, increasingly becomes available to the patient as a new object. And this not primarily in the sense of an object not previously met, but the newness consists in the patient's rediscovery of the early paths of the development of object-relations leading to a new way of relating to objects and of being oneself. Through all the transference distortions the patient reveals rudiments at least of that core (of himself and ' objects ') which has been distorted. It is this core, rudimentary and vague as it may be, to which the analyst has reference when he interprets transferences and defences, and not some abstract concept of reality or normality, if he is to reach the patient. If the analyst keeps his central focus on this emerging core he avoids moulding the patient in the analyst's own image or imposing on the patient his own concept of what the patient should become. It requires an objectivity and neutrality the essence of which is love and respect for the individual and for individual development. This love and respect represent that counterpart in ' reality ', in interaction with which the organization and reorganization of ego and psychic apparatus take place.

The parent-child relationship can serve as a model here. The parent ideally is in an empathic relationship of understanding the child's particular stage in development, yet ahead in his vision of the child's future and mediating this vision to the child in his dealing with him. This vision, informed by the parent's own experience and knowledge of growth and future, is, ideally, a more articulate and more integrated version of the core of being which the child presents to the parent. This ' more ' that the parent sees and knows, he mediates to the child so that the child in identification with it can grow. The child, by internalizing aspects of the parent, also internalizes the parent's image of the child—an image which is mediated to the child in the thousand different ways of being handled, bodily and emotionally. Early identification as part of ego-development, built up through introjection of maternal aspects, includes introjection of the mother's image of the child. Part of what is introjected is the image of the child as seen, felt, smelled, heard, touched by the mother. It would perhaps be more correct to add that what happens is not wholly a process of introjection, if introjection is used as a term for an intrapsychic activity. The bodily handling of and concern with the child, the manner in which the child is fed, touched, cleaned, the way it is looked at, talked to, called by name, recognized and re-recognized—all these and many other ways of communicating with the child, and communicating to him his identity, sameness, unity, and individuality, shape and mould him so that he can begin to identify himself, to feel and recognize himself as one and as separate from others yet with others. The child begins to experience himself as a centred unit by being centred upon.

In analysis, if it is to be a process leading to structural changes, interactions of a comparable nature have to take place. At this point I only want to indicate, by sketching these interactions during early development, the positive nature of the neutrality required, which includes the capacity for mature object-relations as manifested in the parent by his or her ability to follow and at the same time be ahead of the child's development.

Mature object-relations are not characterized by a sameness of relatedness but by an optimal range of relatedness and by the ability to relate to different objects according to their particular levels of maturity. In analysis, a mature object-relationship is maintained with a given patient if the analyst relates to the patient in tune with the shifting levels of development manifested by the patient at different times, but always from the viewpoint of potential growth, that is, from the viewpoint of the future. It seems to be the fear of moulding the patient in one's own image which has prevented analysts from coming to grips with the dimension of the future in analytic theory and practice, a strange omission considering the fact that growth and development are at the centre of all psycho-analytic concern. A fresh and deeper approach to the superego problem cannot be taken without facing this issue.

The patient, in order to attain structural changes in his ego-organization, needs the relatedness with a consistently mature object. This, of course, does not mean that during the course of the analysis the analyst is *experienced* by the patient always or most of the time as a mature object. In the analyst it requires the establishment and exercise of special ' skills ' during the analytic hour, similar in structure to other professional skills (including the fact that

as a skill it is practised only during the professional work period) and related to the special, but not professionally articulated and concentrated attitudes of parents when dealing with their children.

I am trying to indicate that the activity of the analyst, and specifically his interpretations as well as the ways in which they are integrated by the patient, need to be considered and understood in terms of the psychodynamics of the ego. Such psychodynamics cannot be worked out without proper attention to the functionings of integrative processes in the ego-reality field, beginning with such processes as introjection, identification, projection (of which we know something), and progressing to their genetic derivatives, modifications, and transformations in later life-stages (of which we understand very little, except in so far as they are used for defensive purposes). The more intact the ego of the patient, the more of this integration taking place in the analytic process occurs without being noticed or at least without being considered and conceptualized as an essential element in the analytic process. ' Classical ' analysis with ' classical ' cases easily leaves unrecognized essential elements of the analytic process, not because they are not present but because they are as difficult to see in such cases as it was difficult to discover ' classical ' psychodynamics in normal people. Cases with obvious ego defects magnify what also occurs in the typical analysis of the neuroses, just as in neurotics we see magnified the psychodynamics of human beings in general. This is not to say that there is no difference between the analysis of the classical psychoneuroses and of cases with obvious ego defects. In the latter, especially in borderline cases and psychoses, processes such as I tried to sketch in the child-parent relationship take place in the therapeutic situation on levels relatively close and similar to those of the early child-parent relationship. The further we move away from gross ego defect cases, the more do these integrative processes take place on higher levels of sublimation and by modes of communication which show much more complex stages of organization.

II

The elaboration of the structural point of view in psycho-analytic theory has brought about the danger of isolating the different structures of the psychic apparatus from one another. It may look nowadays as though the ego is a creature of and functioning in conjunction with external reality, whereas the area of the instinctual drives, of the id, is as such unrelated to the external world. To use Freud's archeological simile, it is as though the functional relationship between the deeper strata of an excavation and *their* external environment were denied because these deeper strata are not in a functional relationship with the present-day environment; as though it were maintained that the architectural structures of deeper, earlier strata are due to purely ' internal ' processes, in contrast to the functional interrelatedness between present architectural structures (higher, later strata) and the external environment that we see and live in. The id, however—in the archeological analogy being comparable to a deeper, earlier stratum—as such integrates with its correlative ' early ' external environment as much as the ego integrates with the ego's more ' recent ' external reality. The id deals with and is a creature of ' adaptation ' just as much as the ego—but on a very different level of organization.

Earlier I referred to the conception of the psychic apparatus as a closed system and said that this view has a bearing on the traditional notion of the analyst's neutrality and of his function as a mirror. It is in this context that I now enter into a discussion of the concept of instinctual drives, particularly as regards their relation to objects, as formulated in psycho-analytic theory. I shall preface this discussion with a quotation from Freud which is taken from the introduction to his discussion of instincts in his paper ' Instincts and Their Vicissitudes '. He says: ' The true beginning of scientific activity consists . . . in describing phenomena and then in proceeding to group, classify and correlate them. *Even at the stage of description it is not possible to avoid applying certain abstract ideas to the material in hand, ideas derived from somewhere or other but certainly not from the new observations alone.* Such ideas—which will later become the basic concepts of the science—are still more indispensable as the material is further worked over. They must at first necessarily possess some degree of indefiniteness; there can be no question of any clear delimitation of their content. So long as they remain in this condition, we come to an understanding about their meaning by making repeated references to the material of observation *from which they appear to have been derived, but upon which, in fact, they have been imposed.* Thus, strictly speaking, they are in the nature of conventions—although everything depends on their not being arbitrarily chosen

but determined by their having significant relations to the empirical material, relations that we seem to sense before we can clearly recognize and demonstrate them. It is only after more thorough investigation of the field of observation that we are able to formulate its basic scientific concepts with increased precision, and progressively so to modify them that they become serviceable and consistent over a wide area. Then, indeed, the time may have come to confine them in definitions. The advance of knowledge, however, does not tolerate any rigidity even in definitions. Physics furnishes an excellent illustration of the way in which even " basic concepts " that have been established in the form of definitions are constantly being altered in their content.' The concept of instinct (*Trieb*), Freud goes on to say, is such a basic concept, ' conventional but still somewhat obscure ', and thus open to alterations in its content (3, pp. 117–18) (italics mine).

In this same paper, Freud defines instinct as a stimulus; a stimulus not arising in the outer world but ' from within the organism '. He adds that ' a better term for an instinctual stimulus is a " need " ', and says that such ' stimuli are the signs of an internal world '. Freud lays explicit stress on one fundamental implication of his whole consideration of instincts here, namely that it implies the concept of purpose in the form of what he calls a biological postulate. This postulate ' runs as follows: the nervous system is an apparatus which has the function of getting rid of the stimuli that reach it, or of reducing them to the lowest possible level '. An instinct is a stimulus from within reaching the nervous system. Since an instinct is a stimulus arising within the organism and acting ' always as a constant force ', it obliges ' the nervous system to renounce its ideal intention of keeping off stimuli ' and compels it ' to undertake involved and interconnected activities by which the external world is so changed as to afford satisfaction to the internal source of stimulation ' (3, pp. 118–20).

Instinct being an inner stimulus reaching the nervous apparatus, the object of an instinct is ' the thing in regard to which or through which the instinct is able to achieve its aim ', this aim being satisfaction. The object of an instinct is further described as ' what is most variable about an instinct ', ' not originally connected with it ', and as becoming ' assigned to it only in consequence of being peculiarly fitted to make satisfaction possible ' (3, p. 122). It is here that we see instinctual drives being conceived of as ' intrapsychic ', or originally not related to objects.

In his later writings Freud gradually moves away from this position. Instincts are no longer defined as (inner) stimuli with which the nervous apparatus deals in accordance with the scheme of the reflex arc, but instinct, in *Beyond the Pleasure Principle*, is seen as ' an urge inherent in organic life to restore an earlier state of things which the living entity has been obliged to abandon under the pressure of external disturbing forces ' (4, p. 36). Here he defines instinct in terms equivalent to the terms he used earlier in describing the function of the nervous apparatus itself, the nervous apparatus, the ' living entity ', in its interchange with ' external disturbing forces '. Instinct is no longer an intrapsychic stimulus, but an expression of the function, the ' urge ' of the nervous apparatus to deal with environment. The intimate and fundamental relationship of instincts, especially in so far as libido (sexual instincts, Eros) is concerned, with objects, is more clearly brought out in ' The Problem of Anxiety ', until finally, in *An Outline of Psychoanalysis*, ' the aim of the first of these basic instincts [Eros] is to establish ever greater unities and to preserve them thus—in short, to bind together '. It is noteworthy that here not only the relatedness to objects is implicit; the aim of the instinct Eros is no longer formulated in terms of a contentless ' satisfaction ', or satisfaction in the sense of abolishing stimuli, but the aim is clearly seen in terms of integration. It is: ' to bind together '. And while Freud feels that it is possible to apply his earlier formula, ' to the effect that instincts tend towards a return to an earlier [inanimate] state ', to the destructive or death instinct, ' we are unable to apply the formula to Eros (the love instinct) ' (5, p. 6).

The basic concept Instinct has thus indeed changed its content since Freud wrote ' Instincts and Their Vicissitudes '. In his later writings he does not take as his starting point and model the reflex-arc scheme of a self-contained, closed system, but bases his considerations on a much broader, more modern biological framework. And it should be clear from the last quotation that it is by no means the ego alone to which he assigns the function of synthesis, of binding together. Eros, one of the two basic instincts, is itself an integrating force. This is in accordance with his concept of primary narcissism as first formulated in ' On Narcissism, an Introduction ', and further elaborated in his later writings, not-

ably in ' Civilization and Its Discontents ', where objects, reality, far from being originally not connected with libido, are seen as becoming gradually differentiated from a primary narcissistic identity of ' inner ' and ' outer ' world (see my paper on ' Ego and Reality ') (14).

In his conception of Eros, Freud moves away from an opposition between instinctual drives and ego, and toward a view according to which instinctual drives become moulded, channelled, focused, tamed, transformed, and sublimated in and by the ego organization, an organization which is more complex and at the same time more sharply elaborated and articulated than the drive-organization which we call the id. But the ego is an organization which continues, much more than it is in opposition to, the inherent tendencies of the drive-organization. The concept Eros encompasses in one term one of the two basic tendencies or ' purposes ' of the psychic apparatus as manifested on both levels of organization.

In such a perspective, instinctual drives are as primarily related to ' objects ', to the ' external world ' as the ego is. The organization of this outer world, of these ' objects ', corresponds to the level of drive-organization rather than of ego-organization. In other words, instinctual drives organize environment and are organized by it no less than is true for the ego and its reality. It is the mutuality of organization, in the sense of organizing each other, which constitutes the inextricable interrelatedness of ' inner and outer world '. It would be justified to speak of primary and secondary processes not only in reference to the psychic apparatus but also in reference to the outer world in so far as its psychological structure is concerned. The qualitative difference between the two levels of organization might terminologically be indicated by speaking of environment as correlative to drives, and of reality as correlative to ego. Instinctual drives can be seen as originally not connected with objects only in the sense that ' originally ' the world is not organized by the primitive psychic apparatus in such a way that objects are differentiated. Out of an ' undifferentiated stage ' emerge what have been termed part-objects or object-nuclei. A more appropriate term for such pre-stages of an object-world might be the noun ' shapes '; in the sense of configurations of an indeterminate degree and a fluidity of organization, and without the connotation of object-fragments.

The preceding excursion into some problems of instinct-theory is intended to show that the issue of object-relations in psycho-analytic theory has suffered from a formulation of the instinct-concept according to which instincts, as inner stimuli, are contrasted with outer stimuli, both, although in different ways, affecting the psychic apparatus. Inner and outer stimuli, terms for inner and outer world on a certain level of abstraction, are thus conceived as originally unrelated or even opposed to each other but running parallel, as it were, in their relation to the nervous apparatus. And while, as we have seen, Freud in his general trend of thought and in many formulations moved away from this framework, psycho-analytic theory has remained under its sway except in the realm of ego-psychology. It is unfortunate that the development of ego-psychology had to take place in relative isolation from instinct-theory. It is true that our understanding of instinctual drives has also progressed. But the extremely fruitful concept of organization (the two aspects of which are integration and differentiation) has been insufficiently, if at all, applied to the understanding of instinctual drives, and instinct-theory has remained under the aegis of the antiquated stimulus-reflex-arc conceptual model—a mechanistic frame of reference far removed from modern psychological as well as biological thought. The scheme of the reflex-arc, as Freud says in ' Instincts and Their Vicissitudes ' (p. 118), has been given to us by physiology. But this was the mechanistic physiology of the nineteenth century. Ego-psychology began its development in a quite different climate already, as is clear from Freud's biological reflections in *Beyond the Pleasure Principle*. Thus it has come about that the ego is seen as an organ of adaptation to and integration and differentiation with and of the outer world, whereas instinctual drives were left behind in the realm of stimulus-reflex physiology. This, and specifically the conception of instinct as an ' inner ' stimulus impinging on the nervous apparatus, has affected the formulations concerning the role of ' objects ' in libidinal development and, by extension, has vitiated the understanding of the object-relationship between patient and analyst in psycho-analytic treatment.[4]

[4] It is obvious that the conception of instinct as an internal stimulus is connected with Freud's discovery of infantile sexuality as stimulating sexual phantasies which earlier he attributed purely to environmental seductive traumatization. It should be clear, however, that the formulation of that problem in such alternatives as ' internal ' phantasies versus ' environmental ' seduction is itself open to the same questions and reconsiderations which we are discussing throughout this paper.

III

Returning to the discussion of the analytic situation and the therapeutic process in analysis, it will be useful to dwell further on the dynamics of interaction in early stages of development.

The mother recognizes and fulfils the need of the infant. Both recognition and fulfilment of a need are at first beyond the ability of the infant, not merely the fulfilment. The understanding recognition of the infant's need on the part of the mother represents a gathering together of as yet undifferentiated urges of the infant, urges which in the acts of recognition and fulfilment by the mother undergo a first organization into some directed drive. In a remarkable passage in the 'Project for a Scientific Psychology', in a chapter which has been called 'The Experience of Satisfaction' (6), Freud discusses this constellation in its consequences for the further organization of the psychic apparatus and in its significance as the origin of communication. Gradually, both recognition and satisfaction of the need come within the grasp of the growing infant itself. The processes by which this occurs are generally subsumed under the headings identification and introjection. Access to them has to be made available by the environment, here the mother, who performs this function in the acts of recognition and fulfilment of the need. These acts are not merely necessary for the physical survival of the infant but necessary at the same time for its psychological development in so far as they organize, in successive steps, the infant's relatively uncoordinated urges. The whole complex dynamic constellation is one of mutual responsiveness where nothing is introjected by the infant that is not brought to it by the mother, although brought by her often unconsciously. And a prerequisite for introjection and identification is the gathering mediation of structure and direction by the mother in her caring activities. As the mediating environment conveys structure and direction to the unfolding psychophysical entity, the environment begins to gain structure and direction in the experience of that entity; the environment begins to 'take shape' in the experience of the infant. It is now that identification and introjection as well as projection emerge as more defined processes of organization of the psychic apparatus and of environment.

We arrive at the following formulation: the organization of the psychic apparatus, beyond discernible potentialities at birth (comprising undifferentiated urges and Anlagen of ego-facilities), proceeds by way of mediation of higher organization on the part of the environment to the infantile organism. In one and the same act—I am tempted to say, in the same breath and the same sucking of milk—drive direction and organization of environment into shapes or configurations begin, and they are continued into ego-organization and object-organization, by methods such as identification, introjection, projection. The higher organizational stage of the environment is indispensable for the development of the psychic apparatus and, in early stages, has to be brought to it actively. Without such a 'differential' between organism and environment no development takes place.

The patient, who comes to the analyst for help through increased self-understanding, is led to this self-understanding by the understanding he finds in the analyst. The analyst operates on various levels of understanding. Whether he verbalizes his understanding to the patient on the level of clarifications of conscious material, whether he indicates or reiterates his intent of understanding, restates the procedure to be followed, or whether he interprets unconscious, verbal or other, material, and especially if he interprets transference and resistance — the analyst structures and articulates, or works towards structuring and articulating, the material and the productions offered by the patient. If an interpretation of unconscious meaning is timely, the words by which this meaning is expressed are recognizable to the patient as expressions of what he experiences. They organize for him what was previously less organized and thus give him the 'distance' from himself which enables him to understand, to see, to put into words and to 'handle' what was previously not visible, understandable, speakable, tangible. A higher stage of organization, of both himself and his environment, is thus reached, by way of the organizing understanding which the analyst provides. The analyst functions as a representative of a higher stage of organization and mediates this to the patient, in so far as the analyst's understanding is attuned to what is, and the way in which it is, in need of organization.

I am speaking of what I have earlier called integrative experiences in analysis. These are experiences of interaction, comparable in their structure and significance to the early understanding between mother and child. The latter is a model, and as such always of limited value,

but a model whose usefulness has recently been stressed by a number of analysts (see for instance René Spitz (17)) and which in its full implications and in its perspective is a radical departure from the classical ' mirror model '.

Interactions in analysis take place on much higher levels of organization. Communication is carried on predominantly by way of language, an instrument of and for secondary processes. The satisfaction involved in the analytic interaction is a sublimated one, in increasing degree as the analysis progresses. Satisfaction now has to be understood, not in terms of abolition or reduction of stimulation leading back to a previous state of equilibrium, but in terms of absorbing and integrating ' stimuli ', leading to higher levels of equilibrium. This, it is true, is often achieved by temporary regression to an earlier level, but this regression is ' in the service of the ego ', that is, in the service of higher organization. Satisfaction, in this context, is a unifying experience due to the creation of an identity of experience in two ' systems ', two psychic apparatuses of different levels of organization, thus containing the potential of growth. This identity is achieved by overcoming a differential. Properly speaking, there is no experience of satisfaction and no integrative experience where there is no differential to be overcome, where identity is simply ' given ', that is existing rather than to be created by interaction. An approximate model of such existing identity is perhaps provided in the intra-uterine situation, and decreasingly in the early months of life in the symbiotic relationship of mother and infant.

Analytic interpretations represent, on higher levels of interaction, the mutual recognition involved in the creation of identity of experience in two individuals of different levels of ego-organization. Insight gained in such interaction is an integrative experience. The interpretation represents the recognition and understanding which makes available to the patient previously unconscious material. ' Making it available to the patient ' means lifting it to the level of the preconscious system, of secondary processes, by the operation of certain types of secondary processes on the part of the analyst. Material, organized on or close to the level of drive-organization, of the primary process, and isolated from the preconscious system, is made available for organization on the level of the preconscious system by the analyst's interpretation, a secondary process operation which mediates to the patient secondary process organization. Whether this mediation is successful or not depends, among other things, on the organizing strength of the patient's ego attained through earlier steps in ego-integration, in previous phases of the analysis, and ultimately in his earlier life. To the extent to which such strength is lacking, analysis—organizing interaction by way of language communication—becomes less feasible.

An interpretation can be said to comprise two elements, inseparable from each other. The interpretation takes with the patient the step towards true regression, as against the neurotic compromise formation, thus clarifying for the patient his true regression-level which has been covered and made unrecognizable by defensive operations and structures. Secondly, by this very step it mediates to the patient the higher integrative level to be reached. The interpretation thus creates the possibility for freer interplay between the unconscious and preconscious systems, whereby the preconscious regains its originality and intensity, lost to the unconscious in the repression, and the unconscious regains access to and capacity for progression in the direction of higher organization. Put in terms of Freud's metapsychological language: the barrier between Ucs and Pcs, consisting of the archaic cathexis (repetition compulsion) of the unconscious and the warding-off anticathexis of the preconscious, is temporarily overcome. This process may be seen as the internalized version of the overcoming of a differential in the *interaction process* described above as integrative experience.[5] Internalization itself is dependent on interaction and is made possible again in the analytic process. The analytic process then consists in certain integrative experiences between patient and analyst as the foundation for the internalized version of such experiences: reorganization of ego, ' structural change '.

The analyst in his interpretations reorganizes, reintegrates unconscious material for himself as well as for the patient, since he has to be attuned to the patient's unconscious, using, as we say, his own unconscious as a tool, in order to arrive at the organizing interpretation. The analyst has to move freely between the unconscious and the organization of it in thought and language, for and with the patient. If this is not so—a good example is most instances of the use of technical

[5] For a further discussion of the inner connexions between the opening of barriers between Ucs and Pcs, and the internalization of interaction, in their significance for the transference problem, see Part IV of this paper.

language—language is used as a defence against leading the unconscious material into ego-organization, and ego-activity is used as a defence against integration. It is the weakness of the ' strong ' ego—strong in its defences—that it guides the psychic apparatus into excluding the unconscious (for instance by repression or isolation) rather than into lifting the unconscious to higher organization and, at the same time, holding it available for replenishing regression to it.

Language, when not defensively used, is employed by the patient for communication which attempts to reach the analyst on his presumed or actual level of maturity in order to achieve the integrative experience longed for. The analytic patient, while striving for improvement in terms of inner reorganization, is constantly tempted to seek improvement in terms of unsublimated satisfaction through interaction with the analyst on levels closer to the primary process, rather than in terms of internalization of integrative experience as it is achieved in the process which Freud has described as: where there was id there shall be ego. The analyst, in his communication through language, mediates higher organization of material hitherto less highly organized, to the patient. This can occur only if two conditions are fulfilled: (i) the patient, through a sufficiently strong ' positive transference ' to the analyst, becomes again available for integrative work with himself and his world, as against defensive warding-off of psychic and external reality manifested in the analytic situation in resistance. (ii) The analyst must be in tune with the patient's productions, that is, he must be able to regress within himself to the level of organization on which the patient is stuck, and to help the patient, by the analysis of defence and resistance, to realize this regression. This realization is prevented by the compromise formations of the neurosis and is made possible by dissolving them into the components of a subjugated unconscious and a superimposed preconscious. By an interpretation, both the unconscious experience and a higher organizational level of that experience are made available to the patient: unconscious and preconscious are joined together in the act of interpretation. In a well-going analysis the patient increasingly becomes enabled to perform this joining himself.

Language, in its most specific function in analysis, as interpretation, is thus a creative act similar to that in poetry, where language is found for phenomena, contexts, connexions, experiences not previously known and speakable. New phenomena and new experience are made available as a result of reorganization of material according to hitherto unknown principles, contexts, and connexions.

Ordinarily we operate with material organized on high levels of sublimation as ' given reality '. In an analysis the analyst has to retrace the organizational steps which have led to such a reality-level so that the organizing process becomes available to the patient. This is regression in the service of the ego, in the service of reorganization—a regression against which there is resistance in the analyst as well as in the patient. As an often necessary defence against the relatively unorganized power of the unconscious, we tend to automatize higher organizational levels and resist regression out of fear lest we may not find the way back to higher organization. The fear of reliving the past is fear of toppling off a plateau we have reached, and fear of that more chaotic past itself, not only in the sense of past content but more essentially of past, less stable stages of organization of experience, whose genuine reintegration requires psychic ' work '. Related to it is the fear of the future, pregnant with new integrative tasks and the risk of losing what had been secured. In analysis such fear of the future may be manifested in the patient's defensive clinging to regressed, but seemingly safe levels.

Once the patient is able to speak, non-defensively, from the true level of regression which he has been helped to reach by analysis of defences, he himself, by putting his experience into words, begins to use language creatively, that is, begins to create insight. The patient, by speaking to the analyst, attempts to reach the analyst as a representative of higher stages of ego-reality organization, and thus may be said to create insight for himself in the process of language-communication with the analyst as such a representative. Such communication on the part of the patient is possible if the analyst, by way of *his* communications, is revealing himself to the patient as a more mature person, as a person who can feel with the patient what the patient experiences and how he experiences it, and who understands it as something more than it has been for the patient. It is this something more, not necessarily more in content but more in organization and significance, that ' external reality ', here represented and mediated by the analyst, has to offer to the individual and for which the individual is striving. The analyst, in

doing his part of the work, experiences the cathartic effect of ' regression in the service of the ego ' and performs a piece of self-analysis or re-analysis (compare Lucia Tower) (18). Freud has remarked that his own self-analysis proceeded by way of analysing patients, and that this was necessary in order to gain the psychic distance required for any such work (6, p. 234).

The patient, being recognized by the analyst as something more than he is at present, can attempt to reach this something more by his communications to the analyst which may establish a new identity with reality. To varying degrees patients are striving for this integrative experience, through and despite their resistances. To varying degrees patients have given up this striving above the level of omnipotent, magical identification, and to that extent are less available for the analytic process. The therapist, depending on the mobility and potential strength of integrative mechanisms in the patient, has to be more or less explicit and ' primitive ' in his ways of communicating to the patient his availability as a mature object and his own integrative processes. We call analysis that kind of organizing, restructuring interaction between patient and therapist which is predominantly performed on the level of language communication. It is likely that the development of language, as a means of meaningful and coherent communicating with ' objects ', is related to the child's reaching, at least in a first approximation, the oedipal stage of psychosexual development. The inner connexions between the development of language, the formation of ego and of objects, and the oedipal phase of psychosexual development, are still to be explored. If such connexions exist, as I believe they do, then it is not mere arbitrariness to distinguish analysis proper from more primitive means of integrative interaction. To set up rigid boundary lines, however, is to ignore or deny the complexities of the development and of the dynamics of the psychic apparatus.

IV

In the concluding part of this paper I hope to shed further light on the theory of the therapeutic action of psycho-analysis by reexamining certain aspects of the concept and the phenomenon of transference. In contrast to trends in modern psycho-analytic thought to narrow the term transference down to a very specific limited meaning, an attempt will be made here to regain the original richness of interrelated phenomena and mental mechanisms which the concept encompasses, and to contribute to the clarification of such interrelations.

When Freud speaks of transference neuroses in contradistinction to narcissistic neuroses, two meanings of the term transference are involved: (i) the transfer of libido, contained in the ' ego ', to objects, in the transference neuroses, while in the narcissistic neuroses the libido remains in or is taken back into the ' ego ', not ' transferred ' to objects. Transference in this sense is virtually synonymous with object-cathexis. To quote from an important early paper on transference: ' The first loving and hating is a transference of autoerotic pleasant and unpleasant feelings on to the objects that evoke these feelings. The first " object-love " and the first " object-hate " are, so to speak, the primordial transferences. . . .' (1). (ii) The second meaning of transference, when distinguishing transference neuroses from narcissistic neuroses, is that of transfer of relations with infantile objects on to later objects, and especially to the analyst in the analytic situation.

This second meaning of the term is today the one most frequently referred to, to the exclusion of other meanings. I quote from two recent, representative papers on the subject of transference. Waelder, in his Geneva Congress paper, ' Introduction to the Discussion on Problems of Transference ' (19) says: ' Transference may be said to be an attempt of the patient to revive and re-enact, in the analytic situation and in relation to the analyst, situations and phantasies of his childhood.' Hoffer, in his paper, presented at the same Congress, on ' Transference and Transference Neurosis ' (12) states: ' The term " transference " refers to the generally agreed fact that people when entering into any form of object-relationship . . . *transfer* upon their objects those images which they encountered in the course of previous *infantile* experiences. . . . The term " transference ", stressing an aspect of the influence our childhood has on our life as a whole, thus refers to those observations in which people in their contacts with objects, which may be real or imaginary, positive, negative, or ambivalent, " transfer " their *memories* of significant previous experiences and thus " *change the reality* " of their objects, invest them with qualities from the past. . . .'

The transference neuroses, thus, are characterized by the transfer of libido to external objects as against the attachment of the libido to the ' ego ' in the narcissistic affections; and, secondly, by the transfer of libidinal cathexes

(and defences against them), originally related to infantile objects, on to contemporary objects.

Transference neurosis as distinguished from narcissistic neurosis is a nosological term. At the same time, the term ' transference neurosis ' is used in a technical sense to designate the revival of the infantile neurosis in the analytic situation. In this sense of the term, the accent is on the second meaning of transference, since the revival of the infantile neurosis is due to the transfer of relations with infantile objects on to the contemporary object, the analyst. It is, however, only on the basis of transfer of libido to (external) objects in childhood that libidinal attachments to infantile objects can be transferred to contemporary objects. The first meaning of transference, therefore, is implicit in the technical concept of transference neurosis.

The narcissistic neuroses were thought to be inaccessible to psycho-analytic treatment because of the narcissistic libido cathexis. Psycho-analysis was considered to be feasible only where a ' transference relationship ' with the analyst could be established; in that group of disorders, in other words, where emotional development had taken place to the point that transfer of libido to external objects had occurred to a significant degree. If today we consider schizophrenics capable of transference, we hold (i) that they do relate in some way to ' objects ', i.e. to pre-stages of objects which are less ' objective ' than oedipal objects (narcissistic and object libido, ego and objects are not yet clearly differentiated; this implies the concept of primary narcissism in its full sense). And we hold (ii) that schizophrenics transfer this early type of relatedness onto contemporary ' objects ', which objects thus become less objective. If ego and objects are not clearly differentiated, if ego boundaries and object boundaries are not clearly established, the character of transference also is different, in as much as ego and objects are still largely merged; objects—' different objects '—are not yet clearly differentiated one from the other, and especially not early from contemporary ones. The transference is a much more primitive and ' massive ' one. Thus, in regard to child-analysis, at any rate before the latency period, it has been questioned whether one can speak of transference in the sense in which adult neurotic patients manifest it. The conception of such a primitive form of transference is fundamentally different from the assumption of an unrelatedness of ego and objects as is implied in the idea of a withdrawal of libido from objects into the ego.

The modification of our view on the narcissistic affections in this respect, based on clinical experience with schizophrenics and on deepened understanding of early ego-development, leads to a broadened conception of transference in the first-mentioned meaning of that term. To be more precise: transference in the sense of transfer of libido to objects is clarified genetically; it develops out of a primary lack of differentiation of ego and objects and thus may regress, as in schizophrenia, to such a pre-stage. Transference does not disappear in the narcissistic affections, by ' withdrawal of libido cathexes into the ego '; it undifferentiates in a regressive direction towards its origins in the ego-object identity of primary narcissism.

An apparently quite unrelated meaning of transference is found in Chapter 7 of *The Interpretation of Dreams*, in the context of a discussion of the importance of day residues in dreams. Since I believe this last meaning of transference to be fundamental for a deeper understanding of the phenomenon of transference, I shall quote the relevant passages. ' We learn from [the psychology of the neuroses] that an unconscious idea is as such quite incapable of entering the preconscious and that it can only exercise any effect there by establishing a connection with an idea which already belongs to the preconscious, by transferring its intensity on to it and by getting itself " covered " by it. Here we have the fact of " transference " which provides an explanation of so many striking phenomena in the mental life of neurotics. The preconscious idea, which thus acquires an undeserved degree of intensity, may either be left unaltered by the transference, or it may have a modification forced upon it, derived from the content of the idea which effects the transference ' (7, pp. 562–3). And later, again referring to day residues: '. . . the fact that recent elements occur with such regularity points to the existence of a need for transference.' ' It will be seen, then, that the day's residues . . . not only borrow something from the Ucs when they succeed in taking a share in the formation of the dream—namely the instinctual force which is at the disposal of the repressed wish—but that they also offer the unconscious something indispensable—namely the necessary point of attachment for a transference. If we wished to penetrate more deeply at this point into the processes of the mind, we should have to throw more light

upon the interplay of excitations between the preconscious and the unconscious—a subject towards which the study of the psychoneuroses draws us, but upon which, as it happens, dreams have no help to offer ' (7, p. 564).[6]

One parallel between this meaning of transference and the one mentioned under (ii)—transfer of infantile object-cathexes to contemporary objects—emerges: the unconscious idea, transferring its intensity to a preconscious idea and getting itself ' covered ' by it, corresponds to the infantile object-cathexis, whereas the preconscious idea corresponds to the contemporary object-relationship to which the infantile object-cathexis is transferred.

Transference is described in detail by Freud in the chapter on psychotherapy in *Studies on Hysteria*. It is seen there as due to the mechanism of ' false (wrong) connection '. Freud discusses this mechanism in Chapter 2 of *Studies on Hysteria* where he refers to a ' compulsion to associate ' the unconscious complex with one that is conscious and reminds us that the mechanism of compulsive ideas in compulsion neurosis is of a similar nature (8, p. 69). In the paper on ' The Defence Neuro-Psychoses ' (9) the ' false connection ' is called upon to clarify the mechanism of obsessions and phobias. The ' false connection ', of course, is also involved in the explanation of screen memories, where it is called displacement (10). The German term for screen memories, ' Deck-Erinnerungen ', uses the same word ' decken ', to cover, which is used in the above quotation from *The Interpretation of Dreams* where the unconscious idea gets itself ' covered ' by the preconscious idea.

While these mechanisms involved in the ' interplay of excitations between the preconscious and the unconscious ' have reference to the psychoneuroses and the dream and were discovered and described in those contexts, they are only the more or less pathological, magnified, or distorted versions of normal mechanisms. Similarly, the transfer of libido to objects and the transfer of infantile object-relations to contemporary ones are normal processes, seen in neurosis in pathological modifications and distortions.

The compulsion to associate the unconscious complex with one that is conscious is the same phenomenon as the need for transference in the quotation from Chapter 7 of *The Interpretation of Dreams*. It has to do with the indestructibility of all mental acts which are truly unconscious. This indestructibility of unconscious mental acts is compared by Freud to the ghosts in the underworld of the Odyssey—' ghosts which awoke to new life as soon as they tasted blood ' (7, p. 553n.), the blood of conscious-preconscious life, the life of ' contemporary ' present-day objects. It is a short step from here to the view of transference as a manifestation of the repetition compulsion—a line of thought which we cannot pursue here.

The transference neurosis, in the technical sense of the establishment and resolution of it in the analytic process, is due to the blood of recognition which the patient's unconscious is given to taste—so that the old ghosts may reawaken to life. Those who know ghosts tell us that they long to be released from their ghost-life and led to rest as ancestors. As ancestors they live forth in the present generation, while as ghosts they are compelled to haunt the present generation with their shadow-life. Transference is pathological in so far as the unconscious is a crowd of ghosts, and this is the beginning of the transference neurosis in analysis: ghosts of the unconscious, imprisoned by defences but haunting the patient in the dark of his defences and symptoms, are allowed to taste blood, are let loose. In the daylight of analysis the ghosts of the unconscious are laid and led to rest as ancestors whose power is taken over and transformed into the newer intensity of present life, of the secondary process and contemporary objects.

In the development of the psychic apparatus the secondary process, preconscious organization, is the manifestation and result of interaction between a more primitively organized psychic apparatus and the secondary process activity of the environment; through such interaction the unconscious gains higher organization. Such ego-development, arrested or distorted in neurosis, is resumed in analysis. The analyst helps to revive the repressed unconscious of the patient by his recognition of it; through interpretation of transference and resistance, through the recovery of memories and through reconstruction, the patient's unconscious activity is led into preconscious organization. The analyst, in the analytic situation, offers himself to the patient as

[6] Charles Fisher (2) recently has drawn particular attention to this meaning of the term transference. His studies of unconscious-preconscious relationships, while specifically concerned with dream formation, imagery, and perception, have relevance to the whole problem area of the formation of object-relations and the psychological constitution of reality.

a contemporary object. As such he revives the ghosts of the unconscious for the patient by fostering the transference neurosis which comes about in the same way in which the dream comes about: through the mutual attraction of unconscious and ' recent ', ' day residue ' elements. Dream interpretation and interpretation of transference have this function in common: they both attempt to re-establish the lost connexions, the buried interplay, between the unconscious and the preconscious.

Transferences studied in neurosis and analysed in therapeutic analysis are the diseased manifestations of the life of that indestructible unconscious whose 'attachments' to 'recent elements', by way of transformation of primary into secondary processes, constitute growth. There is no greater misunderstanding of the full meaning of transference than the one most clearly expressed in a formulation by Silverberg, but shared, I believe, by many analysts. Silverberg, in his paper on ' The Concept of Transference ' (16), writes: ' The wide prevalence of the dynamism of transference among human beings is a mark of man's immaturity, and it may be expected in ages to come that, as man progressively matures . . . transference will gradually vanish from his psychic repertory.' But far from being, as Silverberg puts it, ' the enduring monument of man's profound rebellion against reality and his stubborn persistence in the ways of immaturity ', transference is the ' dynamism ' by which the instinctual life of man, the id, becomes ego and by which reality becomes integrated and maturity is achieved. Without such transference —of the intensity of the unconscious, of the infantile ways of experiencing life which has no language and little organization, but the indestructibility and power of the origins of life—to the preconscious and to present-day life and contemporary objects — without such transference, or to the extent to which such transference miscarries, human life becomes sterile and an empty shell. On the other hand, the unconscious needs present-day external reality (objects) and present-day psychic reality (the preconscious) for its own continuity, lest it be condemned to live the shadow-life of ghosts or to destroy life.

I have pointed out earlier that in the development of preconscious mental organization—and this is resumed in the analytic process—transformation of primary into secondary process activity is contingent upon a differential, a (libidinal) tension-system between primary and secondary process organization, that is, between the infantile organism, its psychic apparatus, and the more structured environment: transference in the sense of an evolving relationship with ' objects '. This interaction is the basis for what I have called ' integrative experience '. The relationship is a mutual one—as is the interplay of excitations between unconscious and preconscious—since the environment not only has to make itself available and move in a regressive direction towards the more primitively organized psychic apparatus; the environment also needs the latter as an external representative of its own unconscious levels of organization with which communication is to be maintained. The analytic process, in the development and resolution of the transference neurosis, is a repetition—with essential modifications because taking place on another level—of such a libidinal tension-system between a more primitively and a more maturely organized psychic apparatus.

This differential, implicit in the integrative experience, we meet again, internalized, in the form of the tension-system constituting the interplay of excitations between the preconscious and the unconscious. We postulate thus internalization of an interaction-process, not simply internalization of ' objects ', as an essential element in ego-development as well as in the resumption of it in analysis. The double aspect of transference, the fact that transference refers to the interaction between psychic apparatus and object-world as well as to the interplay between the unconscious and the preconscious within the psychic apparatus, thus becomes clarified. The opening up of barriers between unconscious and preconscious, as it occurs in any creative process, is then to be understood as an internalized integrative experience—and is in fact experienced as such.

The intensity of unconscious processes and experiences is transferred to preconscious-conscious experiences. Our present, current experiences have intensity and depth to the extent to which they are in communication (interplay) with the unconscious, infantile, experiences representing the indestructible matrix of all subsequent experiences. Freud, in 1897, was well aware of this. In a letter to Fliess he writes, after recounting experiences with his younger brother and his nephew between the ages of 1 and 2 years: ' My nephew and younger brother determined, not only the neurotic side of all my friendships, but also their depth ' (6, p. 219).

The unconscious suffers under repression because its need for transference is inhibited. It finds an outlet in neurotic transferences, ' repetitions ' which fail to achieve higher integration (' wrong connections '). The preconscious suffers no less from repression since it has no access to the unconscious intensities, the unconscious prototypical experiences which give current experiences their full meaning and emotional depth. In promoting the transference neurosis, we are promoting a regressive movement on the part of the preconscious (ego-regression) which is designed to bring the preconscious out of its defensive isolation from the unconscious and to allow the unconscious to re-cathect, in interaction with the analyst, preconscious ideas and experiences in such a way that higher organization of mental life can come about. The mediator of this interplay of transference is the analyst who, as a contemporary object, offers himself to the patient's unconscious as a necessary point of attachment for a transference. As a contemporary object, the analyst represents a psychic apparatus whose secondary process organization is stable and capable of controlled regression so that he is optimally in communication with both his own and the patient's unconscious, so as to serve as a reliable mediator and partner of communication, of transference between unconscious and preconscious, and thus of higher, interpenetrating organization of both.

The integration of ego and reality consists in, and the continued integrity of ego and reality depends on, transference of unconscious processes and ' contents ' on to new experiences and objects of contemporary life. In pathological transferences the transformation of primary into secondary processes and the continued interplay between them has been replaced by superimpositions of secondary on primary processes, so that they exist side by side, isolated from each other. Freud has described this constellation in his paper on ' The Unconscious ': 'Actually there is no lifting of the repression until the conscious idea, after the resistances have been overcome, has *entered into connection* with the unconscious memory-trace. It is only through the making conscious of the latter itself that success is achieved ' (italics mine). In an analytic interpretation ' the identity of the information given to the patient with his repressed memory is only apparent. To have heard something and to have experienced something are in their psychological nature two different things, even though the content of both is the same ' (11, pp. 175–6). And later, in the same paper, Freud speaks of the thing-cathexes of objects in the Ucs, whereas the ' conscious presentation comprises the presentation of the thing [thing cathexis] plus the presentation of the word belonging to it ' (11, p. 201). And further: ' The system Pcs comes about by this thing-presentation being hypercathected through being linked with the word-presentations corresponding to it. It is these hypercathexes, we may suppose, that bring about a higher psychical organization and make it possible for the primary process to be succeeded by the secondary process which is dominant in the Pcs. Now, too, we are in a position to state precisely what it is that repression denies to the rejected presentation in the transference neuroses: what it denies to the presentation is translation into words which shall remain attached to the object ' (11, p. 202).

The correspondence of verbal ideas to concrete ideas, that is to thing-cathexes in the unconscious, is mediated to the developing infantile psychic apparatus by the adult environment. The hypercathexes which ' bring about a higher psychical organization ', consisting in a linking up of unconscious memory traces with verbal ideas corresponding to them, are, in early ego-development, due to the organizing interaction between primary process activity of the infantile psychic apparatus and secondary process activity of the child's environment. The terms ' differential ' and ' libidinal tension-system ' which I used earlier designate energy-aspects of this interaction, sources of energy of such hypercathexes. Freud clearly approached the problem of interaction between psychic apparatuses of different levels of organization when he spoke of the linking up of concrete ideas in the unconscious with verbal ideas as constituting the hypercathexes which ' bring about a higher psychical organization '. For this ' linking up ' is the same phenomenon as the mediation of higher organization, of preconscious mental activity, on the part of the child's environment, to the infantile psychic apparatus (compare Charles Rycroft (15)). Verbal ideas are representatives of preconscious activity, representatives of special importance because of the special role language plays in the higher development of the psychic apparatus, but they are, of course, not the only ones. Such linking up occurring in the interaction process becomes increasingly internalized as the interplay and communication between unconscious and preconscious within the psychic apparatus. The need for resumption of such

mediating interaction in analysis, so that new internalizations may become possible and internal interaction be reactivated, results from the pathological degree of isolation between unconscious and preconscious, or—to speak in terms of a later terminology—from the development of defence processes of such proportions that the ego, rather than maintaining or extending its organization of the realm of the unconscious, excludes more and more from its reach.

It should be apparent that a view of transference which stresses the need of the unconscious for transference, for a point of attachment for a transference in the preconscious, by which primary process is transformed into secondary process—implies the notion that psychic health has to do with an optimal, although by no means necessarily conscious, communication between unconscious and preconscious, between the infantile, archaic stages and structures of the psychic apparatus and its later stages and structures of organization. And further, that the unconscious is capable of change and, as Freud says, ' accessible to the impressions of life ' (11, p. 190) and of the preconscious. Where repression is lifted and unconscious and preconscious are again in communication, infantile object and contemporary object may be united into one—a truly new object as both unconscious and preconscious are changed by their mutual communication. The object which helps to bring this about in therapy, the analyst, mediates this union—a new version of the way in which transformation of primary into secondary processes opened up in childhood, through mediation of higher organization by way of early object-relations.

A few words about transference and the so-called ' real relationship ' between patient and analyst. It has been said repeatedly that one should distinguish transference (and counter-transference) between patient and analyst in the analytic situation from the ' realistic ' relationship between the two. I fully agree. However, it is implied in such statements that the realistic relationship between patient and analyst has nothing to do with transference. I hope to have made the point in the present discussion that there is neither such a thing as reality nor a real relationship, without transference. Any ' real relationship ' involves transfer of unconscious imagines to present-day objects. In fact, present-day objects are objects, and thus ' real ', in the full sense of the word (which comprises the unity of unconscious memory traces and preconscious idea) only to the extent to which this transference, in the sense of transformational interplay between unconscious and preconscious, is realized. The ' resolution of the transference ' at the termination of an analysis means resolution of the transference neurosis, and thereby of the transference distortions. This includes the recognition of the limited nature of any human relationship and of the specific limitations of the patient-analyst relationship. But the new object-relationship with the analyst, which is gradually being built in the course of the analysis and constitutes the real relationship between patient and analyst, and which serves as a focal point for the establishment of healthier object-relations in the patient's ' real ' life, is not devoid of transference in the sense clarified in this paper. I said earlier: '. . . to the extent to which the patient develops a " positive transference " (not in the sense of transference as resistance, but in the sense of that " transference " which carries the whole process of an analysis) he keeps this potentiality of a new object-relationship alive through all the various stages of resistance.' This meaning of positive transference tends to be discredited in modern analytic writing and teaching, although not in treatment itself.

Freud, like any man who does not sacrifice the complexity of life to the deceptive simplicity of rigid concepts, has said a good many contradictory things. He can be quoted in support of many different ideas. May I, at the end, quote him in support of mine?

He writes to Jung on 6 December, 1906: ' It would not have escaped you that our cures come about through attaching the libido reigning in the subconscious (transference). . . . Where this fails the patient will not make the effort or else does not listen when we translate his material to him. It is in essence a cure through love. Moreover it is transference that provides the strongest proof, the only unassailable one, for the relationship of neuroses to love ' (13, p. 485). And he writes to Ferenczi, on 10 January, 1910: ' I will present you with some theory that has occurred to me while reading your analysis [referring to Ferenczi's self-analysis of a dream]. It seems to me that in our influencing of the sexual impulses we cannot achieve anything other than exchanges and displacements, never renunciation, relinquishment or the resolution of a complex (Strictly secret!). When someone brings out his infantile complexes he has saved a part of them (the affect) in a current form (transference). He has shed a skin and leaves it for the analyst. God forbid that he should now be naked, without a skin!' (13, p. 496).

BIBLIOGRAPHY

(1) FERENCZI, S. 'Introjection and Transference.' In *Sex in Psychoanalysis*, p. 49. (New York: Brunner, 1950.)

(2) FISHER, CHARLES (1956). 'Dreams, Images and Perception.' *J. Amer. Psa. Assn.*, **4.**

(3) FREUD, S. 'Instincts and Their Vicissitudes.' *S.E.*, **14.**

(4) —— *Beyond the Pleasure Principle. S.E.*, **18.**

(5) —— *An Outline of Psycho-analysis.* (London: Hogarth, 1940.)

(6) —— *The Origins of Psychoanalysis*, p. 379 f. (New York: Basic Books, 1954.)

(7) —— *The Interpretation of Dreams. S.E.*, **5.**

(8) —— *Studies on Hysteria. S.E.*, **2.**

(9) —— 'The Defence Neuro-Psychoses.' *Collected Papers*, **1**, 66.

(10) —— 'Screen Memories.' *Collected Papers*, **5**, 52.

(11) —— 'The Unconscious.' *S.E.*, **14.**

(12) HOFFER, W. 'Transference and Transference Neurosis.' *Int. J. Psycho-Anal.*, **37**, 377.

(13) JONES, E. *The Life and Work of Sigmund Freud*, Vol. 2. (London: Hogarth, 1955.)

(14) LOEWALD, H. W. (1951). 'Ego and Reality.' *Int. J. Psycho-Anal.*, **32.**

(15) RYCROFT, C. 'The Nature and Function of the Analyst's Communication to the Patient.' *Int. J. Psycho-Anal.*, **37**, 470.

(16) SILVERBERG, W. 'The Concept of Transference.' *Psa. Quart.*, **17**, 321.

(17) SPITZ, R. (1956). 'Countertransference.' *J. Amer. Psa. Assn.*, **4.**

(18) TOWER, L. (1956). 'Countertransference.' *J. Amer. Psa. Assn.*, **4.**

(19) WAELDER, R. 'Introduction to the Discussion on Problems of Transference.' *Int. J. Psycho-Anal.*, **37**, 367.

(Received 11 February, 1959)

PSYCHO-ANALYTIC TECHNIQUE AND EGO MODIFICATIONS[1]

By

EDWARD D. HOEDEMAKER, M.D., Seattle

It is the rule rather than the exception that in dealing with character disorders, delinquencies, and schizophrenia, variations from standard analytic technique are considered necessary. My thesis, however, is that no basic alteration of technique in *kind* is required for the successful psycho-analysis of these disorders, and that such variations as appear necessary are, on closer inspection, variations in degree only; that is, they vary from technical measures now included in standard technique. By ' standard technique ' I mean a method which exclusively employs interpretation in conjunction with the *kind of setting of limits* described by Freud (8, pp. 344–6). As Eissler (4) points out, questions asked for clarification probably belong within this standard technical framework. However, whether limit-setting procedures are variations from or part of standard psycho-analytic technique, an attempt should be made to formulate the psychodynamics of such procedures in psychodynamic terms. I realize, of course, that most analysts do not confine themselves to interpretation, and use other procedures. Nevertheless, the precise indications for limit-setting, and their specific psychodynamic effect upon the character structure of the patient, remain to be examined.

It must first be observed that patients, whatever their diagnostic category, approach psychoanalysis with different degrees of ability to fulfil the analytic contract. Thus, in all cases, behaviour appears which necessitates some degree of limit-setting by the analyst; this behaviour always represents a failure of the ego's executant function. In other words, divergences from the strict limits of the analytic contract represent a degree of ego-modification; this is due to ego-alien identifications with important figures from the past (people with pathological characteristics) who have intruded destructively into the ego-activity of the patient. Such identification results in long-standing modifications of the ego, which manifest themselves in two ways: (i) by various degrees of inability to perceive the healthy limits of their own and others' activity; and (ii) by intruding into other people's ego-activity as well as allowing intrusion into their own.

Faced with such behaviour, the analyst must set limits in order to keep to his professional boundaries in the analytic relationship. The patient, lacking adequate ego identifications, is able, through the actions of the analyst, as revealed by limit-setting, to identify with the analyst. He is thus enabled to fulfil his part of the analytic contract.

Despite the evident utility of limit-setting, analysts seem apt to regard the process as not a proper part of analysis. Since limit-setting requires a certain degree of aggressiveness, the analyst tends to hesitate, and not to set limits, thereby depriving himself of an opportunity to study the psychodynamics involved in the procedure.

The psychodynamic implications of setting limits is the second of the two points I wish to develop. The first point concerns the difference between the limits set in the analysis of delinquencies, character disorders, and schizophrenia, and those set in analysing neuroses. These limits vary so greatly in degree that analysts are prone to mistake this for variation in kind. Of course, the error once made, the assumption is justified that a technique that lies outside standard psycho-analytic methods is being used. This is especially true if we follow Eissler's (4) definition of a parameter as a variation, *both* in kind and in degree, from basic analytic procedures. Another source of error, I suspect, lies in the history of psycho-analysis. It is only after years of focussing on the vicissitudes of the Oedipus complex and the stages of infantile sexuality that psychoanalysis has concerned itself with the ego structure and its modifications. A final and serious obstacle arises from the analyst's difficulty in

[1] Read in its original form before the San Francisco Psychoanalytic Society, 11 November, 1957.

perceiving that the patient is identifying with himself. This is especially true after the identification has matured to the point where it is thoroughly embedded in the patient's ego structure.

In the interests of clarity, it should be said here that I do not regard limit-setting as in any way a substitute for the interpretive work of the analysis. Rather, it has been my experience that careful attention to limit-setting leads directly and more easily to the utilization of both the basic rule and the transference phenomena.

'Ego-identification' says Ives Hendrick (11), 'is the result of the process of imitation of the mother's way of doing things leading to the development of an essential executant function of the ego.' He adds that this process is 'initiated by frustration'. The following hypothetical illustrations of identification, with their accompanying diagrams, attempt to reduce to simple terms the identification process referred to throughout this paper. For purposes of simplification, I disregard entirely any psychosexual element, not because I regard such elements as unimportant, but because I wish to focus particularly on identification in the development of an executant function of the ego.

Diagram I is self-explanatory, though special attention should be directed to three of the ego's functions: (i) control of the perceptual apparatus, (ii) control of the sluices to motility, and (iii) the inner executant function of control over instinctual expression. The parents are indicated as the chief source of ego-identification for the individual.

DIAGRAM I

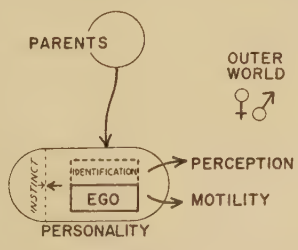
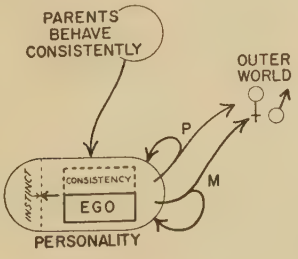


Diagram II illustrates a hypothetical segment from the interrelationship between two healthy parents and their small son. The boy asks his parents for some spending money, and is told he may have 25 cents a week which will be paid every Saturday in return for doing some task. He may spend his money in any way, and the proposal is presented to him without admonishing, scolding, or lecturing. He performs the task and is paid the 25 cents, but within a few hours has spent it all on candy. He asks for more money and is told that, if he does his work, he will have another 25 cents on the following Saturday; again no lecturing or scolding. Now the child may or may not react by some sort of temper outburst; in either case he is not punished, but ignored. Through recurrence of this experience, he discovers that his parents are consistent. They hold to the initial agreement, and his vociferous demands do not make them budge. Thus, the parents assume an executant position and maintain it physically and verbally without punishing or retreating. As the weeks pass, certain personality traits appear in the boy. He perceives others as capable of upholding their side of a bargain, and also perceives himself as capable of acting likewise. Furthermore, he behaves consistently with his playmates in regard to financial matters; if he promises to buy something from a playmate, he does so, and expects reciprocal treatment. He shows considerable resistance to lending or giving money without value received, becomes more capable of controlling his instinctual demands, and progresses towards more mature levels. (This constitutes the evidence of internal behaviour of his ego towards his instinctual demands.) Thus he perceives himself, and others, *as his parents have perceived him*, and behaves towards himself and others *as his parents have behaved towards him.* In this sense he has become like his parents, and has identified with them.

DIAGRAM II



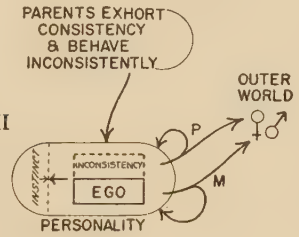
There are undeniable defensive features in this type of identification: the strivings of the child's pleasure ego must give way before powerful parents in the process of 'devouring' (viz. identifying with) them. Strictly speaking, however, a choice is left to the boy; he may either go without the weekly allowance, or receive it and become like his parents. I think we err if we stress the defensive features rather than the more important wish to be like his dominant example. As Freud pointed out (5, 6), this behaviour parallels the cannibalistic rite in which the cannibal devours those enemies of whom he is fond. In further support of this I quote Hartmann, Kris, and Loewenstein (10): '. . . identification

has been one of the major, if not the major mechanism contributing to the child's early formation of personality; secondly, and under the pressure of danger, it can also be used for purposes of defence. But the two functions, the primary function of identification, its part in growing, and its secondary function, as a defence against danger, can hardly ever be sharply differentiated.'

Within my experience (and I hope my clinical illustrations will amplify this point), the analyst of the delinquencies, character disorders, and schizophrenia must carefully demarcate the details of such ego identification. For this reason, at the risk of labouring a point, I present another hypothetical illustration.

In Diagram III the parents respond to their son's request for an allowance by giving him lectures on how he should spend, use consistently,

DIAGRAM III

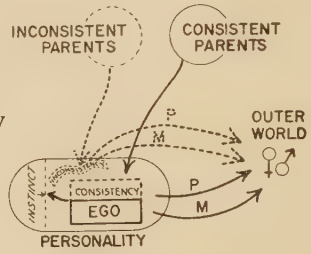


and earn money. Then, on Saturday, they give him 25 cents which he spends immediately; thereupon they lecture him quietly but at length on the evils of being a spendthrift, yet after the lecture give him another 25 cents with a caution that he should do better the next time. Here the parents behave inconsistently, except for their lecturing. What are the traits which will appear in this boy? He perceives inconsistency in others, and simultaneously regards himself with respect to money as somewhat unpredictable. As a result of these perceptions he behaves inconsistently with his playmates, being alternately generous and stingy; and he is prone to lecture his friends on how they should act. Similarly, the internalized behaviour in his ego structure toward his instinctual impulses is quite unpredictable, though he is capable of self-admonition for his relatively unpredictable behaviour. Obviously, his behaviour towards himself and others represents the characteristics *manifested towards him* by his parents. Of course, such characteristics are *not the ones his parents intended him to acquire.*

A further point should be made in regard to these two illustrations. The relationship between the boys and their parents is crucial and not casual. We might refer to it as a ' closed system ', in contrast to the casual relationship between children and acquaintances. That is, though the characteristics of the parents may be markedly ego-alien, they are all-powerful, and an identification process, whether healthy or pathological, occurs. This ' closed relationship ' is the one that exists between patient and analyst, though seemingly the patient is allowed more freedom than the child.

In Diagram IV, we assume the sudden demise of the second boy's parents. As a foster-child, he is now placed in the home of the first boy, and

DIAGRAM IV



there encounters the treatment which was accorded to the first boy. In turn, the foster parents encounter those characteristics which the boy acquired from his real parents. Assuming the foster parents to be very wise (almost perfect), new identifications derived from them will appear; though earlier identifications will be evident for a long time, the new and more ego-syntonic characteristics will slowly gain critical control over the boy's perception and behaviour.

The problem confronting the foster parents in the above illustration is strikingly similar to that which confronts the analyst of delinquencies, character disorders, and schizophrenia. In each case the two tasks are: (i) deciding upon and maintaining rules of conduct, and (ii) facilitating acceptance of these rules by explanation. But neither physically maintaining nor simply explaining the rules will alone suffice.

Returning now to the problem of limit-setting, I wish to describe several examples, one hypothetical, and the rest from clinical material. The hypothetical illustration concerns a patient who arrives late for his analytic hour. If the dilatory patient is consistently dismissed on time, he will, though frustrated at first, become increasingly aware of time habits in himself and others. Thus, as a result of identifying with the analyst, his temporal behaviour becomes more realistic. In no way, however, does this diminish the symptomatic importance of the late arrival, and it must

still be dealt with through interpretation. Both the unconscious meaning of the late arrival and the analyst's behaviour in terminating the session ' on time ' must eventually be made explicit and conscious by the patient. What happens, however, is this: since the tardy patient still expects to be seen for a full fifty minutes, it is obvious that he perceives the analyst as being like one or both parental figure(s). Having identified with these figures, he naturally anticipates the analyst's surrender to his unspoken demand for a full analytic hour (note the similarities between this case and the second hypothetical case, Diagram III).

I assume, now, the importance of the time-unit with respect to life; an intrusion, such as the patient's, actually deprives a person of a part of his life. The patient, in disregarding the analyst's time schedule, is in effect disregarding the life of the analyst. No matter how small the unit of time involved, it does not change the fundamental meaning of time. But it is important to realize that the analyst, in consistently dismissing the patient on time, does not deny the patient's significant wish to remain longer; he only prevents the wish from being carried out. By doing this, the analyst helps the patient to become more aware of the wish, thereby placing him in a position to deal with it more realistically.

My next illustration, while differing dramatically in degree with respect to setting limits, does not, in my opinion, differ in kind from the preceding example.

R. T., a young schizophrenic woman, was told that her analysis would stop if she took a certain step in life, despite repeated attempts to deal with the ' step ' through interpretation. Nevertheless, she took the step, and was told that her analysis was ended. She returned the next two days, and both times had to be ejected from my office before she could believe I meant it.[2] A day later I received a cheque in full payment for my services; with it was a note which said, ' Thanks, I'm glad you understood about weaning.' This patient has adjusted successfully, and two years after the termination of her analysis was quoted by her husband as saying, ' The most important single event of my life was when Dr. Hoedemaker threw me out of his office.'

Prior to my act, she had revealed the state of her ego boundaries by telling me the following story. Her children's riding horse escaped each morning from its corral and fed upon the neighbour's lawn; and she revealed her attitudes towards the problem of the horse (and of herself!) by saying, ' I feel so sorry for the horse because I can't mend the break in the fence through which it escapes because I can't find it.' Now what is the metapsychology of her behaviour and of the forced termination of her analysis? She, by taking the forbidden step, was unconsciously demonstrating destructive impulses, both to herself and to others; and these impulses were breaking through inadequate defences into behaviour. As Hartmann (9) would say: ' She was reporting the absence of adequate ego countercathexis against these impulses. By tenaciously holding to my edict, I represented a person who could keep his defences intact and demonstrate it. This was exactly the kind of person with whom she needed to identify. Moreover, by her behaviour and by her false estimation of the analyst as a person who would permit her to act as she pleased, the patient revealed a pathological or ego-alien identification with a parental figure who had been too permissive in highly significant ways. And so indeed was the traumatic case: early in her life her father had seduced her and repeatedly permitted her to play with his genitals. Having thus identified with her father, she capitulated to her instincts by playing with herself as well as allowing others to do so. Furthermore, she was unable to see that anyone, even the analyst, could behave differently.

I have discussed elsewhere (12) the meaning of this kind of behaviour, behaviour which reveals something specific about both the parental figures and the pathological identification with

[2] A description of the ' ejections ' of this patient may be of interest. On the first occasion, when she announced that she had acted contrary to the limit I had set, I told her that I was terminating her analytic work because she had acted contrary to my request, that I considered her act to be against her best interests, and that I could not continue to work with her. I then stood and told her that she was excused. She remained on the couch and said she thought I was not serious. I assured her that I was serious and that she must leave, took her by the arm, and firmly propelled her to the door. Once there she turned and said that if she was to leave I would have to put her out. This I did by firmly turning her round and forcing her exit. By this time she was angry and vowed she would be back the following day for her hour. I assured her that no time was reserved for her and that it would be useless for her to return. On the following day the receptionist let me know that she was waiting for an appointment at her usual hour. I asked that she be sent to the office, whereupon I met her at the door and, when she tried to force her way, blocked her entrance. A brief tussle ensued which made it necessary for me to hold both of her wrists. Thereupon she tried to kick me and promptly ended up sitting on the floor. She was distraught and angry, and then after a pause said, ' Well, I guess you mean it ', and promptly left. This patient was of slight build and weighed about ninety pounds.

The above details seem beside the point if it is remembered that in any case the analyst is under obligation to the patient to see to it that he, the analyst, never loses actual physical control of the situation. In most cases the assistance of others would be called upon, be it the receptionist, nurse, or police. The form and timing of such help can be sensed accurately beforehand only if the analyst's empathy with the predicament of the patient's ego is adequate.

them. Such revelations are the patient's unconscious, though quite precise, requests for certain limit-setting in the behaviour of the analyst. Today I would handle this situation somewhat differently. At the time, I was acting entirely intuitively, and left her no opportunity to return to analysis. Since the permanent, forced, and premature termination of analysis should in theory never be necessary, I would now proceed as I did in the following example.

S. R., a young man suffering with a severe character disorder, had walked out on two previous analysts against their protests and recommendations. Once, after accusing me of dishonesty, incompetence, and stupidity, the patient left, announcing he would not return. I told him the decision was his to make, but I would hold his hour for one week and charge him for the appointments; he would be free to return if he so desired. He returned the following day, stating that he could not get along without the analysis. A few weeks later when he became very abusive, defiantly stating that he would make the rules for the analysis and would not even attempt to follow the basic rule, I dismissed him; I told him to return only if he decided that I was in charge, and would determine the conditions of treatment. He returned in a few days, his delinquent behaviour ceased completely, and from that time on he kept his part of the analytic contract. Apropos of his walking out, and the time I required him to leave, he said later ' I came to life then '. This patient has a schizophrenic mother and a very passive father.

I have had to dismiss patients only twice. The first time was in the case of R. T. At the time I dismissed her, I was only intuitively aware of the ins and outs of the situation, but with the last mentioned patient I thought I understood the situation. My distinct impressions were that the patient needed to identify with a person who could live separately from him, who did not need him (the patient) enough to ask him to stay, and who was intimidated neither by threats of being left alone nor by actual aloneness. These impressions followed from my view of the patient's ego structure as literally stuffed with pathological identifications, stemming largely from the mother, though from the father as well. The patient had little ability to put a distance between his ego structure and these pathologic identifications. In this connexion Freud (6) said, 'Although it is a digression from our theme, we cannot avoid giving our attention for a moment longer to the ego's object-identifications. If they obtain the upper hand and become too numerous, unduly intense and incompatible with one another, a pathological outcome will not be far off.' Thus, by leaving the analytic hour, I think the patient was unconsciously testing the analyst's ability to carry the full load of these pathological identifications in the transference without becoming too perturbed, or actually disturbed, in his professional work. Finally, by being dismissed from the analytic session, he unconsciously demonstrated his need for an identification with a person who could not only survive in the presence of the manifestations of his pathological identifications but also forcibly defend himself and the boundaries of his own professional ego.

Of course, the meanings of the patient's behaviour and the analyst's limit-setting must eventually be analysed. In this instance the primary interpretation was that, with his departure and defiance of the analyst, the patient was acting out an identification with his psychotic mother. The identification had pre-empted control of his perception and behaviour toward the analyst, thus indicating a need for the latter's help in obtaining the control for himself in his own best interests. Later in the analysis, the patient repeatedly validated this interpretation; he always became powerless in the presence of his psychotic mother. (This, of course, was but a part of the interpretive work within the course of the case.)

My next illustration, M. K., is of a young woman suffering from a severe character disorder. After being told that if a Wednesday analytic hour became available she would be informed, she sat up at the start of her third session, faced me, and said, ' Do you have a Wednesday hour for me?' I motioned to her to lie on the couch, and said, after several moments, ' I guess you need to discover if I am the sort of person who, knowing you want a Wednesday hour, would *not* tell you that one had become available without your asking again.' She went on to say, ' It is right that I cannot have everything I want.' Subsequent material from her analysis revealed small regard for the ordinary boundary lines between the activities of various members of her family. Intrusion into her personal affairs by both parents was an everyday occurrence. With the successful encountering of her intrusiveness and seductiveness, and with her conviction that analysis was not merely a conversation between two people, she was able more and more to perceive in her everyday life the natural boundaries between herself and other people.

Let me now compare this case with the following one. At the first interview, an acutely hallucinating, schizophrenic woman, A. L., asked if I knew the doctor who sent her to me just after I had told her that I did know him. Without answering her, I said, ' Do you mean that you didn't hear me or can't

remember what I said?' She looked at me directly for the first time and with a faint smile correctly answered her own query. To my mind her question indicated the identification with figures from the past who had perceived her as incapable of remembering something from one moment to the next, and therefore needed to have everything repeated. She naturally thought that I too would perceive her as being devoid of memory. The identifications with parents made it practically impossible for the patient to see me as capable of independent thought. Subsequent contact with her parents confirmed the impression that they were almost totally unable to perceive her as equal to the simplest decision.

In both this case and the one before (the young woman who asked if I had a Wednesday hour available), I can see no difference in kind between the two encounters and the two modes of behaviour, though one patient had a character disorder and the other patient was in an acute psychotic episode. The *kind* of ego modification present in each case appeared the same, and the *kind* of limit-setting indicated also appeared the same.

Under Eissler's (4) definition of a parameter of psycho-analytic technique (a ' deviation both quantitative and qualitative from the basic model technique, that is to say, from the technique which requires interpretation as the exclusive tool '), it should be noted that the deviation must be both quantitative and qualitative. For this reason I believe that the limit-setting reported thus far does not conform to Eissler's definition: there has been only a quantitative, not a qualitative deviation. In practical terms, this means that the limit which I assume as part of standard analytic technique is that the relationship between the patient and the analyst is maintained at a professional level and remains within the limits laid down by the analyst.

The following illustration concerns an absence from the analytic sessions due to pregnancy. C. D., a schizophrenic woman in early middle age, was advised to begin analysis when she became disorganized in her duties as housewife and mother of four children. The situation became especially acute when one child began to develop rather marked autistic symptoms. Now, with the approaching confinement, certain questions arose: ' Would my confinement mean the termination of my analysis?' ' Would it not be best to stop now (after about six weeks) and perhaps come back when I'm at home with the baby?' ' Maybe I shall be well after the baby is born; besides, there was no need for me to be analysed in the first place.' These questions were expressed with blandness, apparent lack of interest in and awareness of the seriousness of her illness. While listening to her I feared first of all she would stop analysis, though my fear was not excessive. Nevertheless, I wanted to build a fence around her so that she could not get out of analysis: the income from her analysis was of some importance to me, and yet I had to make sure that its role was not too great in my thinking. However, I gradually came to realize that it (the income) ought to have a somewhat greater role than I was allowing. My intactness as a professional worker depended on the regular attendance of patients, and the payment of their fees, whereas, in effect, my patient was trying to ' push me around ' with a bland disregard for both her own needs and mine. Now if my first premise was correct, viz. that she was approaching a psychotic break and was desperately in need of help, then my importance to her was paramount. Her decision to begin analysis, with its attendant sacrifice of money and time, had to be seen in stark antithesis to her bland indifference. Yet the indifference continued to manifest itself. ' Would you hold my time for me?' she asked, simultaneously wondering if she herself wanted it to be held. She finally said she could not expect me to keep the time open during her confinement (indicating by this negative that she might want me to hold the time). But if the time were kept open, ' I certainly should not be expected to pay the fee ' (indicating, thereby, that she thought I might require payment). I remained silent throughout her cogitations. Her final estimate of a reasonable arrangement was that I should hold her time, but see other patients and therefore not charge for the missed appointments. Summarily put: *She perceived the analyst as a person who could casually see patient after patient one hour each for only two weeks, then never see them again, but easily fill the missed appointments and at the same time feel he was doing good professional work.* Obviously she was in error, and I told her that her hours would be held open and she would be charged for them. I added that while I might be able to fill the vacant hours with single interviews of new patients, I would not do so: it would be fair neither to the patients nor to myself to start treatment knowing that I could not continue. I confess shock at the immediacy of her reaction: she burst into tears and expressed great relief at what I had said. She then revealed a deep-seated fear of stopping analysis. She said the money involved was a minor part of it. It was just that some day for some reason—not understandable to her—she feared she would be unable to continue analysis. This had nothing to do with the necessary absence during her confinement, but arose from psychological factors to be discussed presently.

There is no question in my mind that the limits I set were correct and highly functional, but that they may have made the difference between the pursuit or abandonment of analysis.

These limits appear logically necessitated by the position I was forced to assume. I had to discover myself as unwilling to see new patients for one hour at a time and then abandon them; in other words, the essential factor was not monetary. For this reason, I was able to avoid a pathological sense of guilt about payment, and also I avoided a loss of income due to an external circumstance. I was also forced to understand (and make her do likewise) that her relationship to me was not a casual matter. One other element enters here: I had to show that it did make a very definite difference to me, as an analyst, whether or not a patient began analysis and then abandoned it with resulting failure. Thus, I was interested in my own performance as a professional person, interested in my reputation, and interested in whether or not my patient recovered. All this arises from the patient's unconscious demand that the analyst demonstrate self-concern as well as concern for the patient.

After taking up this position and observing its effect on her, I began to comprehend what she meant by her fear of missing or losing her analytic hour, and how the stand taken provided defences against this eventuality. The internal configuration of the patient's personality structure was typically schizophrenic: an immature and badly disorganized ego structure, distorted and dominated by pathological elements which stemmed from her parents. On reviewing this encounter, I arrived at a conclusion which is in keeping with the hypothesis I have described elsewhere (13) in regard to the schizophrenic personality structure. The success of the stand I took with respect to her absence during confinement must be attributed to the fact that in her past any development of healthy interest which was not for the pleasure of her mother had brought an immediate attack by the mother. Thus, when in analysis for only six weeks, she was already feeling its beneficial effects. Her dread of relinquishing her appointments and even the analysis itself is therefore understandable. The attitude of the father was one of cold indifference; she was tolerated as long as she was unobtrusive. Thus, identification with these parents made it almost if not completely impossible for the patient to perceive the analyst as someone who saw her as an individual with unique needs, hopes, and aspirations. Her attempt to solve the problem of expected confinement was in keeping with this percept. *She* could be replaced by another patient who himself could be replaced in turn. The process could continue day after day, with calm indifference, as long as the same amount of money came into the analyst's pocket-book. *In her attempt to solve this problem, she focussed on the implied indifference of the analyst and on her need to avoid discommoding.* It cannot be emphasized too much that the behaviour of the patient, though unconsciously motivated, placed the analyst in a position where his decision would either make him a person like the parental figures or diametrically opposite to them. Furthermore, the analyst was given the exacting task of discovering his own professional boundaries and the reasons for them; he also had to redefine the pathological identifications from his own past. Unless this is accomplished successfully (and we all have to do this repeatedly in our work), the analyst can neither empathize with the struggling ego structure of a patient nor take up a correct stand. Once he has accomplished this work, the patient then has someone entirely different from whom to fashion a new healthy identification as a counter-cathexis against the threatening internal pathology.

It is not sufficient to set these limits empirically, though it is better to act empirically than not at all. When we do, however, we act blindly, and therefore tend to miss the specific range of limits required by the patient's behaviour and his psychic economy. Here it must be said that the process of limit-setting, as in this case, is not interpretation, but rather a dynamic tool that, in accordance with the patient's needs, can be wielded directly and effectively by the analyst in order to provide material for ego identification.

It is not within the purpose of this paper to delineate the effects of the above encounter with regard to its efficacious role in the development of the transference psychosis. However, this much may be said: for the patient to use the transference neurosis or psychosis, he must maintain an object relationship with the analyst, the patient-doctor relationship. This will serve as a platform for the development of the transference phenomena without the vicissitudes of the transference actually rupturing the patient-doctor relationship. Through the early contacts with an analyst who demonstrates his ability to function efficiently in the presence of pathological elements, an identification with the analyst develops and allows the patient to perceive the analyst as different from and more realistic than figures from his past. A powerful element in the development of such identifications is the limit-

setting, and, of course, the sicker the patient the more crucial this element. The limit-setting must be done as realistically and consistently as possible, not only in the crucial encounters, but in the less dramatic impacts such as those incident to late arrivals and requests for extra vacations.

Returning to the last-mentioned patient, I found that as she was more able to see people as distinct from herself, she became safer against the encroachments from within herself and from the outer world. Thus, she made the following remarkable statements: 'If you have a part of you that is bigger than the nice part of you, you'll be squashed.' A second and still more revealing quotation is, '*Maybe if someone else (analyst) outside of you won't let you impose on them, you just learn not to let part of yourself impose on you and on others.*' These two quotations, I think, contain verification of my hypothesis concerning the personality configuration of the schizophrenic. But, more important, the second quotation validates my hypothesis of the effect of realistic limit-setting on the patient's ego. Over a year after her pregnancy, she was able to verbalize while working through the almost overwhelming identification with her mother, the fear that she might be overwhelmed by the part of her that is like her mother.

Discussion

An attempt has been made in these clinical illustrations to present patients from varying diagnostic categories, each of whom revealed, through behaviour in relationship to the analyst, evidence of some ego modification. This behaviour required the analyst to set limits in order to avoid having the boundaries of his professional activity breached. Such limit-setting resulted in more realistic behaviour and perception in the patient's ego functioning.

We must now consider the metapsychological implications of this limit-setting process. First, the change in the patient's ego appears to meet the requirements of an ego identification, and the characteristics acquired are those manifested toward the patient by the analyst. Second, frustration is experienced by the patient whenever limit-setting takes place. And finally, with continuous and consistent behaviour on the part of the analyst, the newly acquired ability becomes part of the patient's ego-armamentarium.

The maturation of this process has been described elsewhere (12). After a time, the patient regards the ability acquired from the analyst as his own, and displays it proudly. Szurek (15), writing of childhood schizophrenia, has described how this change makes its appearance. It is at times not only difficult to observe but even to be aware of the patient-analyst identifications that have developed. Initially, the patient seems to be obeying the analyst, and, of course, this is true. We give insufficient attention to this, the patient's almost immediate concurrence with the internalized portion of the analyst that he has 'eaten'. With maturation, the portion, if palatable and digestible, becomes part of the patient's ego structure, and the internalized command to obey becomes unconscious.

The identification process can be seen most easily in its initial stages and in a severely modified ego. I first became aware of this process in a paranoid schizophrenic patient just after a psychotic episode. In this case (12) the limits I set for my patient were that she give up the custody of her children and allow them to live with relatives. Asked what would I do if she refused, I told her that she had the choice to accept the limits or I would have to discontinue her treatment. At this time I first became aware that patients need limits set for their *own* welfare. I recall telling the patient that I was setting these limits for the welfare of her children because, in my opinion, they would be harmed by continued association with her and her illness. *To my surprise, I found myself pointing out that it was also in her own best interests not to be allowed to continue harming her children by caring for them!* As time went on, she spoke of the new relationship with her children as the summation of her own attitudes, and these she was prepared to defend. In other words, she had identified with me and would not permit herself to hurt her children. What I told her was arrived at intuitively, but thereafter I made it a rule that patients give up in their own interest (protection against guilt and humiliation due to inadequate control of impulses) behaviour destructive to themselves and others. However, it has been my experience in talking with other analysts in regard to these matters that the need of the patient, while sometimes intuitively understood, is often not seen psychodynamically as a need for an identification with them which enforces the patient's ego.

In schizophrenia, where ego modifications are greatest and most contrasting, the psychodynamics of the limit-setting process are more clearly seen. One of the finest examples in the literature of therapy with a schizophrenic patient is Knight's (14) work with an adolescent schizo-

phrenic young man. Knight attributed at least some of his success in this case to ' active firmness on the part of the therapist in breaking through the barriers of the trance and defiance.' He went on to say that ' the protective strength of the therapist may thus be experienced by the patient as a reinforcement of his own enfeebled ego, making it possible for him to contemplate eventual success in his struggle if this good ally will stay in the fight.' Knight's patient had spent hours standing in a state of catatonic mutism until his feet were badly swollen. Knight in vain urged the the boy to lie down and to rest, pointing out that permanent damage could be done to circulation if he continued standing. Finally, he picked the patient up and put him on the bed. Now while Knight does not state it in his paper, I believe his patient benefited psychologically by this act. And, with respect to the patient's mental state, it was an intuitive performance. I have talked to Knight at some length about this case, and I believe that I am correct in stating that when he carried the patient to the bed, he did not anticipate any specific psychodynamic effect on the patient's ego structure. Of this case Knight says in a recent communication, ' I did regard the actions on my part at the time as a change in technique from that of the always patient, infinitely tolerant, but passive therapist, to the relatively tolerant and active therapist, who would not remain passive while his patient behaved in a way to damage himself and defeat his own interests. My reflections about this followed the actions rather than preceding them. At any rate my conscious reflections followed them. There must have been some subliminal reflections beforehand or I would not have made this switch in attitude.' I believe that by being physically forced to rest himself and protect his own body from further damage, the patient was able to identify with Knight as someone who would take a definite stand, and would not retreat, no matter what the patient's behaviour. It is important to notice that the therapist acted to prevent the patient from physically damaging himself and the therapist as well. Knight himself had to stand by the side of the patient for long periods of time—very hard work, as I know from personal experience with psychotics. Thus, I suspect Knight intuitively saw that the patient was acting destructively not only towards himself but towards the therapist as well. Knight has confirmed my suspicions; in relating his verbal attempts to induce the patient to rest, he says, ' I found it too tiring to stand, and hoped he didn't mind if I sat down.' Although it may sound trite, it is axiomatic that what is best for the patient is best for the analyst and what is best for the analyst is best for the patient. Note that the analyst has three choices of behaviour: (i) He may punitively restrict and punish, (ii) he may retreat and be intruded upon, or (iii) he may stand neutrally at his own boundaries. The latter behaviour, I believe, is that which I followed in my cases, and certainly is what I advocate. Bowlby (1) has lately made this point clearly: ' It is a curious thing how many intelligent adults think that the only alternative to letting a child run wild is to inflict punishment. A policy of firm yet friendly intervention whenever a child is doing something we wish to stop not only creates less bitterness than punishment but in the long run is far more effective.'

Eissler (2) makes the correct inference that his success was related to the position he took when his patient attempted to seduce him into rescuing her from all kinds of embarrassing situations. After successfully resisting these attempts, and after demonstrating his ability to deal professionally with this matter by not being personally discommoded, he reports surprise that ' the patient felt no further desire to test my ingenuity and consequently was able, by and large, to conform to the principles of conduct accepted by the social group.' Eissler goes on to say: 'A workable relationship between analyst and patient, manifested by the abatement of acute symptoms, was always achieved only after the patient had temporarily accepted the analyst as an omnipotent but benign being.' It is my opinion that Eissler intuited his patient's need to identify with someone who could resist her seductiveness. She could then internalize this ability, and adequately cope with the danger within herself.

This raises the question whether or not the kind of behaviour which demands limit-setting is always attributable to pathological identifications. In other words, is some of this behaviour a manifestation of normal unmodified aggressivity in the growing child? The answer, I think, is ' no ': behaviour of adult patients which necessitates the setting of limits is always derived from pathological identifications with parental figures, identifications which usurp control of the perceptual apparatus and block the sluices to motility. I have two reasons for saying this. The first concerns the subjective response of the analyst to ' normal aggressivity ', such as a temper tantrum, or vigorous scolding of the

analyst, or spontaneous outbursts of joy. On such occasions it never occurs to me to set limits, and as a matter of fact I am pleased, for I regard the patient's ability to show these feelings during the analytic session as a sign of progress. The second reason arises from the nature of the psychic structure of disordered characters and psychotics. Not only is the analyst the recipient of the sick parental images in the transference, but he also is subjected, through projective identification with the patient's healthy ego, to the furious oral aggressivity of the parental identifications. In this latter situation, the analyst finds his interpretative efforts brushed aside as though they did not exist. It is only when he persistently requires the patient to treat his opinions with respect as his best analytic efforts that the patient is enabled to ' see ' his own destructive characteristics. It is this sort of ' fighting for his life ' that permits the analyst to empathize more fully with the patient who in his childhood encountered similar destructive attacks. Thus the analyst gains first-hand experience with the kind of hostility his patient encountered as a child. On the other hand, the temper tantrum and similar outbursts are manifestations of the analyst's effectiveness rather than destructive attacks upon the analyst.

Eissler (2), in the treatment of delinquents, has credited omnipotence and new and different behaviour on the part of the analyst with playing roles in the cure. A few comments in regard to these two points seem in order. First of all, it has been my experience in working with schizophrenics that I have to guard against the feeling of omnipotence, especially when the analysis is going well. There is something almost intoxicating when one sees a schizophrenic person responding to one's efforts, but the feeling of omnipotence appears as a by-product and not as the cause of the progress. It is somewhat like the omnipotence which children attribute to their all-powerful parents. Since the patient regards the analyst as omnipotent, the analyst runs the risk of identifying with his patient and coming to regard himself as omnipotent (the technical problem of resisting this by-product has no place in this discussion). In regard to ' newness ', the patient experiences the particular limit-setting in question as new because it really is a new experience, one the patient has never previously encountered in a relationship with a significant person. But it appears somewhat illogical to me to attribute significance to ' newness ' without realizing the psychodynamics of the process: the limits set for the patient are actually not only new to the patient but are more realistic and healthy. The element which the analyst has provided was actually absent in the patient's ego.

Later, Eissler (3) reports surprise that a schizophrenic woman attributed her recovery to the fact that at the onset of treatment he had ' taken over active guidance and did not consider her sensitivities but went ahead and did what he thought should be done.' In regard to this same patient he also said, ' but here the patient insisted that an action which she evidently had experienced as an aggression and one stemming from her therapist to boot, who in my calculation was the key figure in the process of conveying love, had nevertheless had a beneficial therapeutic effect.' The word ' nevertheless ' in this quotation means in the context ' even though I did not love her it benefited her '. Now if ego strength and efficiency are increased by this therapeutic step, certainly the patient has received something of value; whether this is love or not depends upon our definition of love. In the process of setting limits, Eissler made it necessary for the patient to protect and stop destroying herself. He provided the patient with a very realistic portion of himself with which she could identify. No doubt aware of some annoyance when the patient entered his office (she arrived in town with no plans for earning a living), he was able, assisted by this annoyance, to mobilize his behaviour toward her.

Again quoting Eissler (4), now with respect to ego modifications: ' There are other therapeutically effective factors which may look like tools, such as the denial of wish fulfilment to which the patient must submit throughout the treatment or more generally, the psychoanalytic therapeutic attitude. I believe that these factors are secondary; that is to say, they are the necessary consequences when interpretation is the only tool of the analyst.' In other words, if we are to use interpretation as our only tool, it requires that wish fulfilment be denied. This, of course, includes wish fulfilment toward the analyst. Thus, what I understand Eissler to mean is that in order to make interpretation possible we have to set limits, which is a ' therapeutically effective factor ' of ' secondary importance '. I wonder, however, just how secondary is this factor, especially if without it no analysis is possible. Before a surgeon makes his first incision, how important are the preparations (the ' scrubbing-in ', the laying out of instruments, etc.)? Or, even prior to that, how important is the surgeon's

knowledge of his tools, of the human body, of the nature of the ailment, etc.? Obviously without the preparations and the knowledge, surgery could not be successfully performed: the preparation and the knowledge are as much a part of the surgery as the action of scalpel on flesh. In the same way, the process of limit-setting is an intrinsic part of the analytic technique, to be studied, psychodynamically understood, and utilized just as the interpretative skill itself. It seems to me that those who hold limit-setting apart from analysis must define just how it differs from psycho-analytic theory—a field theory meant to be applied to all human thought and behaviour.

The statement has been made that although the limit-setting process varies in degree according to the amount of ego modification, these are variations in degree only. One patient, when told that time is up at the end of the hour, though he came late, will leave promptly without the necessity of any explanation; another patient leaves reluctantly; still another patient is dismissed and has to be bodily assisted out of the analyst's room. At first glance, these appear as variations in kind, but I believe they are actually variations in degree. Consider the person who comes late for an analytic hour and leaves promptly when the analyst announces that the time is up. What is unsaid (unsaid because it is implicit) in ' time is up ' is this: ' I am terminating the session now because if I allowed you to remain longer you would intrude into my time. Furthermore, I require your departure for your own good. But your wish to stay is perfectly all right as well as any other feelings that may occur. If you persist in trying to stay beyond this allotted time, I shall insist that you leave, and if you do not leave, I shall forcibly require you to do so. I shall even obtain physical assistance if I deem it necessary.' Now does the patient understand all these implications from his past experience with the analyst? Certainly not, for frequently this line of thought and behaviour occurs in the first analytic hour. The patient leaves promptly because he has identified with people who did considerable limit-setting in regard to him in his earliest years, people who were consistent enough to follow up their requests by appropriate physical measures when necessary. And the patient is able to perceive the analyst as possessing these same attributes. The point is this: regardless of the limit set, there is always the implication that, if it comes to a showdown, the analyst will maintain by all the means in his power the limit which he has established. In other words, once the crucial limit-setting encounter has occurred, the analyst is perceived correctly as one who is prepared to maintain his position should the need arise. Some of us never need to see the traffic policeman's signal for ourselves; others, when they see it, stop promptly, and unquestionably accept his authority. Hopefully, none of us have to engage him in a fight to discover if he really means what he has said. These variations, however, all depend on our past experience with parental behaviour, which varies from realistic consistency to extreme inconsistency. The two patients I discharged from analysis varied in their behaviour when being told to leave the office. One had to be removed bodily; and the other, after talking as though we were going to have a fight, stood up promptly when I stood, turned, and walked out without the slightest loss of control. I would have been greatly surprised if he had found it necessary to oppose me physically. But before I dismissed the woman who had to be physically removed, I sensed that it might happen. My conclusion, then, is that the degree of limit-setting which is necessary is determined by the amount of ego modification present. Thus Freud (7, p. 337) emphasizes the gradient between the normal and the severely psychotic: ' Now every normal person is only approximately normal; his ego resembles that of the psychotic in one point or another, in a greater or lesser degree, and its distance from one end of the scale and proximity to the other may provisionally serve as a measure of what we have spoken of as a " modification of the ego ".' Again (7, p. 342) an imaginary normal ego ' is one which would guarantee unswerving loyalty to the analytic compact '.

Surely standard analytic technique does not consist of the making of interpretations only; even Freud's papers on technique are full of the limits which he set for his patients (8, p. 354), though he does not appear to have seen that these various limits had a specific psychological effect. But there is no question that he saw clearly that behaviour as to the frequency of appointments and excuses for vacations and illnesses had an effect on the progress of the patient's treatment. Furthermore, Freud (8, pp. 344–6) recognized that the analyst's effectiveness can be threatened by a laxity in regard to time. As to the regular hour, he says, ' No other way is practicable. Under a less stringent regime the occasional non-attendances accumulate so

greatly that the physician's material existence is threatened.'

One of the oft-discussed and very interesting limitations which Freud (8, p. 354) placed on his patients was that they lie on a sofa while he sat behind the patient out of sight. One of his reasons for doing this was ' a personal motive, one that others may share with me, however. I cannot bear to be gazed at for eight hours a day or more. Since, while I listen, I resign myself to the control of my unconscious thoughts, I do not wish my expression to give the patient indications which he may interpret or may influence him in his communications.' I fully agree with Eissler (4) in discarding Fromm-Reichmann's idea that this was an idiosyncrasy of Freud's. However, a possible formulation of this limitation is that Freud (8) was expressing a feeling of annoyance at being looked at by his patient. To carry this point further, let us for a moment use an analogy. A surgeon is bent upon the intricate dissection of a piece of pathological tissue from a vital area; as he dissects, he grimaces, thereby portraying his feelings. Now if a patient is allowed to look at a surgeon or an analyst, the surgeon or the analyst has one more factor to keep under control. The patient's gaze constitutes an intrusion into the physician's ego area of professional work. Thus I believe that Freud felt intruded upon as the patient gazed at him. I conclude that the psychodynamics of requiring the patient to lie on a couch represents a piece of realistic boundary definition on the part of the analyst. An important product of this limit-setting is that the patient is able to identify with the analyst, and more sharply define the realistic boundaries of his own ego apparatus.

A word about ' wild analysis '. We hear this term frequently, especially in connexion with the treatment of the psychoses. As we analysts enlarge our areas of activity to include the delinquencies and the psychoses, we shall work first intuitively and then more and more on a conscious level in regard to technical procedures. However, the normal experimentation of those who pioneer into these areas of activity should not be too quickly attacked with the cry of ' wild analysis '. I think psycho-analytic theory is a field theory capable of the eventual understanding of all human thought and behaviour, but we must, whenever we encounter success in analysis, persistently attempt to discover the psychodynamic explanation of the success. Then we shall be following sound scientific standards.

Summary

An attempt has been made to direct attention to the specificity of limit-setting with patients of varying degrees of ego modification. Each analytic patient demonstrates, through the nature of his inability to adhere rigidly to the analytic contract, the nature and degree of ego modification with which he is handicapped. The behaviour which demonstrates this ego modification is the indirect expression of a need for a specific ego identification which the analyst is in a position to supply through careful realistic behaviour. Common to all these patients is some disturbance in perception and some failure of an executant function of the ego. Finally, such limit-setting, while it varies greatly in degree from one case to the other, is not a variation in psycho-analytic technique in kind, but only in degree.

BIBLIOGRAPHY

(1) Bowlby, John. ' Psycho-analysis and Child Care.' Lecture, May 1956, Centenary of Freud's birth. In: *Psycho-analysis and Contemporary Thought*. (London: Hogarth, 1959.)

(2) Eissler, K. R. (1950). ' Ego-Psychological Implications of the Psychoanalytic Treatment of Delinquents.' *Psychoanal. Study of Child*, **5**, 101–103.

(3) —— (1951). ' Remarks on the Psychoanalysis of Schizophrenia.' *Int. J. Psycho-Anal.*, **32**, 148.

(4) —— (1953). ' The Effect of the Structure of the Ego on Psychoanalytic Technique.' *J. Amer. Psychoanal. Assoc.*, **1**, 1.

(5) Freud, S. (1921). ' Group Psychology and the Analysis of the Ego.' *S.E.*, **18.**

(6) —— (1923). *The Ego and the Id.*

(7) —— 'Analysis Terminable and Interminable.' *Coll. Papers*, **5.**

(8) —— ' Further Recommendations in the Technique of Psychoanalysis.' *Coll. Papers*, **2.**

(9) Hartmann, H. (1953). ' Contribution to the Metapsychology of Schizophrenia.' *Psychoanal. Study of Child*, **8.**

(10) Hartmann, Kris and Loewenstein. (1946). ' Comments on the Formation of Psychic Structure.' *Psychoanal. Study of Child*, **2**, 29.

(11) Hendrick, I. (1951). ' Early Development of the Ego: Identification in Infancy.' *Psychoanal. Quart.*, **20**, 44.

(12) HOEDEMAKER, E. D. (1955). 'The Therapeutic Process in the Treatment of Schizophrenia.' *J. Amer. Psychoanal. Assoc.*, **3**, 1.

(13) —— (1958). 'Preanalytic Preparation for the Therapeutic Process in Schizophrenia.' *Psychiatry*, **21**, 3, 323.

(14) KNIGHT, R. P. (1946). 'Psychotherapy of an Adolescent Catatonic Schizophrenia with Mutism.' *Psychiatry*, **9**, 4.

(15) SZUREK, S. A. (1956). *Amer. J. Orthopsychiatry*, **26**, 3.

(Received 23 September, 1958)

A STUDY OF SOME EARLY CONFLICTS THROUGH THEIR RETURN IN THE PATIENT'S RELATION WITH THE INTERPRETATION[1]

By

HEINRICH RACKER, Ph.D., Buenos Aires

Since Freud, the study of transference has been one of the most important sources of knowledge regarding the child's psychological processes. As the *interpretation* is the main expression of the analyst, the patient's relation to it becomes the preponderant field in that study. Moreover, the degree in which the interpretation can be accepted and assimilated depends on this relation. The analysis of the patient's relation to the interpretation hence acquires a threefold interest: it is a study of infancy, it is a working-through of the transference, and it is an indispensable therapeutical (technical) requisite. It is the first aspect —the study of some infantile processes—that mainly concerns us today; the other two aspects are, however, closely bound up with the first.

After Freud (1, 2) several analysts have devoted special attention to this subject, W. Reich (10), K. Horney (4), and M. Klein (7) among others. In the Argentine, L. Alvarez de Toledo (11), A. Gonzalez (3), G. T. de Racker (8), and others have dealt with different aspects of this wide topic. The present paper will refer, on the one hand, to infantile situations already known, exemplifying them through the patient's relations to the interpretation. In this respect, its aim is to contribute towards a closer contact between our theoretical knowledge and analytic practice. On the other hand, we shall meet with some rather obscure points and shall attempt to contribute to their clarification. Furthermore, through the material to be presented, I shall try to confirm the succession of certain situations of pain, anxiety, and defence, and their dynamic interrelation, as set forth in my paper on ' Stratification ' (9).

I

The return of the child's *relation to the breast* in the patient's attitude towards the analyst's interpretative capacity and activity has been pointed out by M. Klein, especially in her latest book (7). But the relations to the breast, as described by her in former writings (5, 6), may also be plainly observed in the patient's attitudes towards the interpretation. The same holds for the child's relations to the mother's womb and for the early and succeeding stages of the Oedipus complex.

The following case provides some illustrative fragments.

The patient is a man 40 years of age, married, who came to analysis because of his fluctuations between depressive and hypomanic states. At a certain period of his analysis, he is found to be extremely closed against the interpretations. He but half listens to them, if at all, meanwhile thinking of other things; or he rejects them as erroneous, seeking out and attacking any debatable point in them. The analyst is never right. He declares that the interpretations are of no use to him, or makes fun of them, considering that they are an expression of the analyst's insanity.

During this period, food plays an important part in his associations. He frequently remarks that he has no appetite. Moreover, his house is so far away that he cannot return home for lunch, and the restaurants are all bad or dirty. Neither does he feel like reading, not even newspapers, for ' insipid pap ' is all they have to offer. He does not want to eat at his sister-in law's, because he feels she wants to dominate him through the fact of his eating there. He remonstrates with his mother-in-law for trying to entice his children with sweets. He remembers how his own mother used to keep the jam for herself. He feels guilty for having eaten turtle soup, when he had not bought his son the tortoise promised to him. He drinks fine wines, but is afraid of what they will charge him. He talks of a man who lives off the dead, earning his bread through his business with legacies.

All these associations also referred to his relation

[1] An expanded version of a paper read to the 1957 Symposium of the Argentine Psychoanalytic Association on Psycho-analysis of Children.

with the analyst. The food was the interpretations which thus represented the bad or dirty breast, the dominating breast, the enticing one, the miserly or dead one, or else the good breast he was taking away from another. It was evident too that the interpretation-breast was the more bad and feared, the more the analysand had previously attacked the interpretations.

Other associations also show for what reason and by what unconscious means he has attacked the breast. The patient perceives that if things go badly with him, he does not wish any better luck for the analyst. He expresses the same envy even more clearly in speaking of how interesting a psychoanalyst's job must be in comparison with his own; but he consoles himself with the thought that ' the analyst has to wipe his patients' behinds '. That is to say that one of the patient's techniques to calm his envy is to attack the analyst with his excrements. Hence the breast-food-interpretation is later felt to be dirty, bad, dangerous, or dead.

Besides envy, several other motives exist for his conflicts with the breast. The mother-analyst, keeping the jam for herself, points to the frustrating breast-capacity for interpretation, and, furthermore, to his own greed and avarice. The guilt feeling at having eaten the turtle at his son's expense indicates the pain at having damaged his loved objects, and in the last instance, at perceiving his oral greed towards his mother-analyst. This guilt feeling will later increase his fear lest another should take away what is his, a fear contained especially in his intense jealousy.

According to M. Klein, the same feelings of frustration, envy, greed, and jealousy are afterwards felt with respect to *the mother's womb* and its contents, which are then likewise attacked. In our case, the attacks with excrements predominate once again. For instance, the patient avoids touching the door of the lift in the analyst's house, finding it dirty. He associates with a man (whom he knew to have been in analysis) who, when shaking hands, used to hold out one finger which was wrapped in toilet-paper. He feels uncomfortable on seeing some flies in the consulting-room, saying that they are dirty and might bite him.

The house represents the mother-analyst at whose entrance (the lift-door) the patient had defaecated, and with whom he fears any further contact. The flies are the children-interpretations which he had attacked in the same way during the previous session, thereafter feeling persecuted by them. Hence he distrusts the interpretations and closes himself up against them.

In the situations described above, the analyst is felt at bottom to be or to possess the breast or womb, rich in contents, powers, and pleasures; he is ' on top ', whereas the patient feels himself to be the child, poor in capacities and satisfactions, attacking (out of frustration, envy, etc.) so to say ' from below upwards '. At other moments, it is the patient who feels rich and ' on top ', and attacks from ' above downwards '. With relish and in detail he describes the savoury dishes that had been served to him at the many parties he has lately been to, expecting to make the analyst's mouth water. He speaks scornfully of the smell of onions apparently coming from the analyst's kitchen, and the while praising the cooking in his own house. He is the one who is or has the good breast, and not the analyst. Analogously, he knows everything better than the analyst, is right on every point, and makes fun of the latter's lack of some item of common knowledge. That the analyst might know something better, or that an interpretation might be correct, is unconsciously felt to be a grave danger. He associates a great deal about people who give themselves airs, or show off in any way, and feels unconsciously persecuted by them, but he finally admits to the same tendency in himself. Any transference interpretation is rejected with particular violence, owing to his fear that the analyst might wish to impose upon him or acquire *special* importance for him. Analysis of this persecutory fear leads the patient to remember how in adolescence he had had the idea that through him Creation had wished to achieve something *special.*

His attacks, both ' from below upwards ' and ' from above downwards ', usually lead to the aforementioned paranoid fears, while at other times depressive worries and guilt feelings make their appearance. The patient is afraid of having ill-treated the analyst and his interpretations, and apologizes or tries to make good by conceding one or another of the analyst's statements. This depressive anxiety appears in its deep content too, for instance, as horror at the idea of soiling the analyst by shaking hands, after having that night touched his semen (milk-faeces). Ideas of justice and punishment, for example because of his greed, can also be seen in his refusal to accept interpretations. This rejection is associated with the memory of how, as a child, he had not wanted to go on eating butter when he heard there were people who had to go without it.

So far we may observe the following succession, dynamics and stratification of situations: at bottom, the patient is tied to an object (breast, mother) to which he ascribes the greatest richness and importance. This situation is felt as an intense persecution, since according to the

degree in which the patient admits this relation, he himself feels poor, subjugated, and even destroyed. To this ideal object he thus ascribes *intentions* of a humiliating, mocking, sadistic and destructive nature. The origin of such persecutory experiences is generally found in the projection of sadism. This is correct. Nevertheless, the *basic* paranoid situation has its origin in the actual *lack*, brought about by libidinal frustration, or also by the absence or difference of powers. I shall return to this later.

The patient reacts to his ideal-persecutor in two ways: firstly, by attacking it ' from below ' and thus annulling the object's power; and secondly—as is shown by the examples in which the patient is the rich one—by identifying himself with the ideal-persecutor and hence inverting the basic situation; his own persecuted, attacked, and despised part is placed in the object, the analyst. I have elsewhere proposed (9) designating this identification with the ideal-persecutor the ' *primary manic situation* ', for I regard it as the basic and central manic mechanism, since it entails and explains—through the very identification with the ideal-persecutor—the experience of liberation from persecution, of triumph, of omnipotence, the ' fusion between the ego and the ego-ideal ' (Freud), the control and depreciation of objects, the hyperactivity and the denial of internal and external reality. I have suggested naming the underlying denied situation the ' *primary* paranoid situation ', so as to distinguish it from the persecution appearing as a *consequence* of the attacks from below upwards and from above downwards, which might be called the ' *secondary* paranoid situation ' (see, for example, the persecutory flies as the *result* of attacks perpetrated against the ideal-persecutor: the rich mother-analyst, attacked in her womb-head and its contents, the children-interpretations). In addition, we have seen another consequence of these same attacks: the worry and guilt about the damaged object, i.e. a depressive situation for which I have proposed the name ' *secondary* depressive situation '. For I think that the child is only capable of worry and pining about a damaged object, in so far as it has itself experienced damage and pain; only in this way can it project them on to the loved object and identify itself with the latter, that is to say, feel the pain and worry over the harm inflicted. It is beneath the primary paranoid situation (in which the ego is *endangered*), that another situation exists in which the ego experiences *suffering*, and where the child does not feel fear but *cries and grieves over the damage which the loved ego suffered.* This would be the ' *primary* depressive situation '.

II

The psychosexual stage in boys following the relation to the breast is, according to M. Klein, the *feminine phase* (5). I should now like to show the return of one of the conflicts of this phase in our patient's relation with the analyst's activities, with his seeing, understanding, and interpreting, these representing the father's genital potency. The material I shall draw upon plainly expresses aspects of later evolutionary stages, but already being acquainted with the patient's relation to the breast, the oral background, entailing the equation penis = breast and herewith the ' feminine phase ', will show through.

The patient relates the following dream: ' *I'm lying on a couch. Ana—my secretary—comes in and I look through her skirt and see that she isn't wearing any panties. I have a feeling of triumph because it's she who's sexually interested in me, because it's* she *who is running after* me.' Ana, he explains, is a *Viennese* girl, employed in the office of which he is chief. He talks about her with a certain contempt.

During the last session, the patient had shown great reluctance to talk about his sexual life. As a rule, his greatest resistance refers to communicating anything about his wife's sexual behaviour. The analysis of this resistance showed that if the patient were to talk about the details of his sexual relations, this would be felt as the analyst's mocking triumph, thus implying that the patient attributed sadistic *desires* to the analyst, desires to scoff and triumph over him.

The basic situation underlying the dream was the anxiety about becoming the victim of these sadistic tendencies in the analyst. The dream also shows that these impulses were placed in the analyst's penis, for it was against this danger that the patient defends himself with the inversion of the basic situation, i.e. identifying himself with the triumphant analyst and thus looking—through the skirt—at the Viennese analyst's sexual life, in whom he places his own feminine part.

In other words, basically, the patient feels attracted towards the father-analyst's penis; but it is a sadistic penis, for by means of this attraction the analyst wishes to scoff and triumph over the patient. Hence the situation becomes persecutory. In the manifest dream, we once again see the defence through the identification with the ideal-persecutor and through the projection

of the patient's own feminine, attacked, and humiliated part, into the analyst. Again it is a ' primary manic situation '. The fact that his greatest resistance concerned telling about his wife's sexual behaviour, means that the greatest danger was that of being seen in his feminine part (that the analyst should look through his skirt), and *being seen amounted to being scoffed at*. The dream showed that to be scoffed at was to be subjugated by a sadistic penis. The rejection of the analysis—the resistances against communicating certain associations or accepting interpretations, etc.—sprang then from the fact that being seen, understood and interpreted, was equated to transforming the danger of becoming the victim of a sadistic penis into catastrophic reality.

Fundamentally, within this level, both the father's penis and the analyst's comprehension and interpretation were—as the dream shows—something very attractive, very valuable, and very much admired. What had transformed the penis (like the breast) into something destructive and persecuting was, in the first place, frustration. This followed from the fact that, in the analytic situation, every frustration of a desire expressed by the patient was felt to be an attack against himself and made of the analyst a sadist. As I have set forth in the above-mentioned paper (9), this originates not only in the projection of the subject's own sadism, but also, and *fundamentally*, in the process inherent in frustration itself, which includes the projection of the aggression (pain) subjectively suffered (that is to say, the projection of the primary masochism on to the objects, according to the degree in which external circumstances have acted upon it). In part, this process transforms the bond with the libidinal object into a ' primary paranoid situation ', as it entails the constant danger of being frustrated, i.e., attacked.

Something similar to what happens to the object-relation owing to frustration also happens through envy. M. Klein has shown how envy transforms the good object into a bad one, since out of envy the subject is led to attack it in many ways (7). Observation shows, moreover, that this envious attack is *preceded* by a painful and anxious experience, and it is this pain and anxiety owing to the lack of something possessed by another which causes the hatred against the object. It is, to my mind, this very pain and anxiety which straightaway transforms the object-imago into a persecutor, even before it becomes a persecutor owing to having been enviously attacked. The same holds for greed and jealousy, which also begin with pain and anxiety which the ego attempts to reject by deflecting the destructive impulse outwards. For this pain and anxiety is experienced by the ego when exposed to an increased action of Thanatos (of the *self-destructive* drives), which the ego then discharges, as a defence, against the object that aroused the envy, greed, or jealousy. Before envying somebody, we have placed in him a greater or lesser part of our Eros or libido, for what we envy is always something we appreciate. And this placing of libido within the object is what—in certain circumstances—impoverishes the ego and lays it open to a greater influence from Thanatos, which finds expression in pain and anxiety, in the feeling of depletion, worthlessness, and destruction of the ego. Thus the idealized object is unconsciously felt as being highly destructive and persecutory.

To give an example: A patient who greatly admired his analyst—and, in particular, his gift of understanding—told him he felt that, through his admiration, he was discharging himself like an electric battery. 'And what I most envy you,' he added, 'is this very affection and admiration I feel for you.'

An analyst was told by one of his (female) students in training that, while listening to his interpretation, she had been ' dying of envy ' of his capacity to understand. Before feeling this envy, she had listened to the interpretation with pleasure, and, at bottom, it was this ability to give pleasure that she felt so envious of. But before envying him, she had admired him, and, fundamentally it was this admiration, with its inherent placing of a great quantity of libido within the object, that made her ' die ', as soon as the desire *to be* this object, i.e. rivalry, comparison, and the painful experience of the object's superiority came to the fore.

To sum up: a *frustrating* libidinal object is experienced as a persecutor (who empties out, robs, etc.), because libido has been placed in it, without the object's counterbalancing the expenditure of libido by the libidinal satisfaction which would return what has been spent (compare with the ' Herzensdieb ' or ' lady-killer '). The placing of libido in an object without receiving the desired gratification impoverishes the ego in libido, and simultaneously exposes it in a higher degree to the action of the self-destructive impulses.

Envy is based on a similar experience of lack. On the other hand, envy may be bound up with

gratifying experiences, as M. Klein has pointed out (7); in these cases, one envies the object's capacity to give such satisfactions, this capacity here being what one lacks. As with the frustrating object, so the envied gratifying object is first charged with libido (e.g. admiration), and the ego is again exposed to a greater action of the self-destructive impulses (and it likewise feels this as pain and anxiety preceding the envious hatred). In the case where the object gratifies the subject, the experience of lack is due to the fact that, besides the desire to receive gratifications, a desire exists to be able to give them, to produce such pleasures, and to be thereby admired or loved, while the subject perceives that he does not possess the same power. In other words, in such cases the lack is produced by the appearance of rivalry, and therewith of comparison and the painful and anxious experience of the difference between the subject and the object.

To return to the case under consideration. It was, in the last instance, the intense placing of libido in the father's penis (as previously in the breast), with the inherent frustrations and comparisons and the inherent impoverishment of the ego, that converted this libidinal relation into a ' primary paranoid situation '. The ideal-persecutor penis was represented, in the analytic situation, by the analyst's superiority in understanding. The patient reacted by attacking the interpretation-penis, outside and inside himself, or else he sought defence by means of an identification with the ideal-persecutor. He knew everything better and the interpretations could only be impotent. Both the direct aggressive reactions and the identification with the ideal-persecutor (the ' primary mania ') originated ' secondary ' depressive and paranoid situations. The latter predominated, expressing themselves, for instance, in an increased fear lest the analyst should wish to impose on him, triumph over him, and destroy him, or in the fear that the analyst might impart errors to him or drive him mad with his own insanity. We have seen how understanding and reason represented genital potency. Having destroyed the analyst's reason-penis, the patient feared retaliation.

III

I should now like to set forth an example which illustrates the return of the *Oedipus complex* in the patient's relation to the interpretation. Various aspects of this situation have been described by the writers mentioned previously. I shall refer then to some aspects that—although known in themselves—have been but little, if at all, examined as regards their expression in the patient's relation to the interpretation. These situations are, however, of cardinal importance, since the outcome of the treatment—the wished-for change in the patient—depends upon their adequate working-through.

I shall start with a summarized account of the first part of an analytic session with another patient. His main symptom is a serious affective disconnexion from all objects, which also finds expression in an intense inhibition regarding the studies he is at present pursuing. Likewise, his progress in analysis is very slow. His relation to my interpretations was characterized, for a long time, by the absence of any emotional response, and furthermore, by the fact that he frequently did not listen to them, or he forgot them at once. It was only later, after several aspects of this behaviour had been analysed, that he retained one or another interpretation and even remembered it in some subsequent session.

At the session which I will refer to, he arrives ten minutes late. (Formerly, this had been a habit with him, but of late he had been arriving punctually). At first he keeps silent for a while. Then he speaks of having the thought that in this session it would be the analyst who began to talk, telling him that he was putting a stop to the analysis; he adds that he had to choose his words carefully, so as not to say that the analyst would *throw him out*. (During the last session, he had told me that his studies were going badly, and that the professor had drawn his attention to the fact that he had not opened his mouth all the year. He fears they will not let him continue studying). I interpret that my supposed anger must be his own anxiety and annoyance over that part of his personality that opposed me, does not care about me, or—in his own words—has hostile feelings towards me, and expresses itself in his disconnexion and in his being unable to learn from me. The part of his ego which feels anxiety and anger with the other part and wishes to ' throw him out of here ', is the part which has affectionate feelings towards me and wants to free me from the other part. The patient responds affirmatively to this interpretation and relates the following dream he has had the night before.

' *I enter, together with my mother, a room where my father is. I am embracing my mother. My father is looking severe, as if he were angry, at my mother, because she has arrived late. I want to protect her with my embrace.*' The patient adds at once that he never embraces his mother and certainly not in such a frank way as happened in the dream; neither does he believe that he ever embraced her in this way as a child.

If we regard the foregoing material as associations belonging to the same conflict expressed in the dream, the latter may now be interpreted. The dream concerns the affective relation to the analyst, represented by the father. The patient feels the mother as being within him, and feels that he is embracing her: it is his feminine part —in his phantasy, his mother—which he is actually embracing, holding away from me, thus delaying the meeting, the union with me. The psychological reality is that he—as a jealous and envious male—does not allow the mother within him to unite with me, and hence I appear angry. The patient forms inside himself the mother-son couple (his feminine love is directed onto himself as a male), and he does not let the mother love the father-analyst.

We are first of all confronted with the problem of where the patient's experience of carrying the mother inside him, while embracing her, comes from.[2] A series of associations about the primal scene and the persistence of the phantasies about the analyst as *father* (and the simultaneous rejection of the *maternal* transference) point to the following origin. His own feminine feelings (in particular his feelings of love and admiration for the father and his libidinal desire towards him), had originally been projected on to the mother, which brought about the imago of a mother that loves, admires, and desires the father. In front of this situation in which the child had felt deprived of maternal affection and was jealous and envious of the father, he withdrew from the latter his positive (feminine) feelings and directed them towards himself. The equation ' I am the mother ' (which has basically sprung from the unconscious perception that what he imagined about the mother was really his own feelings), was subsequently reinforced by a re-introjection of the mother imago, when—owing to his anxiety at being unable to control the real external mother's feelings towards the father, and, in the last analysis, to his anxiety at being unable to prevent the sexual union of the parents —he took refuge in the defensive phantasy, ' I am the mother (and she is not).'

Thus he was internally able to control the maternal feelings, by keeping her in his embrace and preventing or ' delaying ' her affective and libidinal meeting with the analyst-father. In this way, the ' I am the mother (and she is not)' was also equivalent to ' I have the mother (and he, my father, has not)'. Hence the affective disconnexion in regard to the father-analyst and in regard to his interpretations (study), and hence the fear of the father-analyst's anger at his ' tardy ' feminine part.

The patient was indeed late for the session. In the dream he anticipated it (' prophetically ') with the presentiment of his delay, which was basically due to his desire to keep the mother (within him) separated from the father (to prevent their union, to defend himself against the primal scene between the mother within him and the father-analyst), and which was secondarily due to his fear of the father's anger at his oedipal behaviour, already evinced in his rejection of his studies and his closing up against the interpretations.[3]

We are thus faced with the following psychological situation: At bottom the analyst is the united couple which represents everything desirable, every pleasure, every kind of power and wealth to which the patient at first directs his admiration, love, and desire, and therefore —as they, and not himself, are the ones who have it—all his envy, jealousy, greed, rivalry, and hatred too. The painful experience of lack underlying the hostile feelings contained in the envy, jealousy, etc., transforms the united couple (as shown by the analysis of jealousy in general) into persecutors (e.g. into ' murderers ').

Faced with this persecutory situation, basic within the oedipal level (or faced with this ' *primary paranoid situation* ' for it springs from the lack itself), the patient defends himself—as pointed out by the material presented—by means of the introjection of one of the two persecutors, the mother. But as he is now the one who embraces the mother—while the father is the excluded third party—we understand that the patient has also identified himself with the father whose place he now occupies, while he puts the father in the place he formerly occupied himself. The patient is now mother and father, *he is the united couple*. Thus, once again we find the *identification with the ideal-persecutor*—only

[2] In view of the reality of the patient's conduct, I feel tempted to substitute the word ' fact ' for ' experience '. For, psychologically considered, the introjection that led him to his present situation is not a phantasy but a reality (see below).

[3] The same situation also influenced other aspects of his behaviour in the analysis, as for example, his manner of giving associative material. However, the different aspects of a patient's conduct in the analytic situation are frequently determined by *different* aspects of his psychological complexes. Another patient, for example, used to offer material generously, but kept hermetically closed against the interpretations. One of the causes of this conduct lay in the fact that speaking represented the (accepted) masculine attitude while listening represented the (rejected) feminine one. It is plain that in the analytic situation (just as Freud said of coitus) we are always—on the oedipal level—not two but four people.

that here it is composed of two imagos: the united parents—and so once more we have the ' fusion of the ego with the ego ideal ' (Freud), the denial of inner and outer reality (' I am the mother, and the father, and they are not '), the control over the couple whose union he magically prevents by himself being and embracing the mother, the triumph over the persecutors (especially over the father), that is to say, once again we have before us the *central manic mechanism*. The oedipal phantasy, properly speaking, the union of the boy with the mother, as it is basically carried through in the *masturbatory phantasies*, appears then (within the oedipal level) as the '*primary manic situation*'. As a consequence of this (accomplished through his conduct in the analytic situation) *guilt feelings and persecutory anxieties* then appear (the angry father is going to throw him out), i.e. the '*secondary* depressive and paranoid situations' appear. In this situation we then observe the return of what was rejected, the partial return of what the patient had wished to avoid by means of the manic mechanism, in identifying himself with the mother, for he carried out this identification in order to avoid the ' primary ' persecution by the united couple (springing from the lack, and equivalent to the danger of being castrated), and in order to avoid the hatred and direct attack against the couple and to avoid the subsequent guilt and retaliatory persecution.

This whole succession of situations of pain, anxiety, and defence on the oedipal level, found expression in the patient's relation to the interpretations, resulting in his not listening to them, his forgetting them, etc. This affective closing up is, at bottom, his oedipal embrace with the mother (and the latter's coming late to meet the father). In this way then, the patient perpetrates the oedipal crime in the transference, defending himself, at the same time, against the primal scene to which he would be exposed if he admitted that the mother within him (his feminine feelings) were to unite libidinally with the analyst, with his interpretations, the latter being the expression of the father-analyst's (sexual) potency.

IV

I would now like to present a case which I was able to observe over a long time in my supervision work. This case will show a series of infantile conflicts—on various levels and aspects of the psychosexual evolution—as they appeared through the relation to the interpretation. At the same time, some causes of the negative therapeutic reaction will be studied, which was nevertheless overcome to a certain degree, above all by means of working through the transference conflicts.

The patient is a young woman, 32 years of age, a teacher, whose main problem consists in her extreme difficulty of relating herself to men. Consciously she thinks that no man will love her because she is ugly. She lives in a constant state of anxiety which she refers to her solitude and to the impossibility of this situation ever being modified.

However, the analytic situation shows a rather different picture as regards her interpersonal relations. In the first place, it is not the analyst who rejects her, but she herself who in certain aspects rejects him constantly. She comes to her sessions regularly, but already in communicating her associations she has to struggle with a considerable resistance. Her difficulties come to a peak in her relation to the interpretation. A latent rejection of them exists already *before* the analyst begins to speak, rejection which the analyst clearly perceives in his countertransference. Once the interpretation is given, the analysand rejects it in one way or another: with a contradicting ' no ', with a ' yes, but ', with silence, saying that she feels nothing, or overlooking it in her ensuing associations. Analysis of these responses showed the following underlying situations:

(i) To accept the interpretation meant, on one level, to unite with the father-analyst, and represented the realization of the oedipal crime. It could be seen, for instance, that the patient did not ' seize ' (as she said) or did not feel the interpretation, because it was equivalent to ' seizing ' or feeling the father-analyst's penis; this (as she showed in dreams) would have led to the mother's despair and suicide, since the mother would thus lose her two most loved ones (through the union between her daughter and her husband). In other terms, to accept the interpretation was equivalent to the realization of certain masturbatory phantasies which implied the mother's death.

Really to receive the interpretation and admit that it really bore fruit in her, also meant conceiving and giving birth to a child, fruit of incest.

(ii) The patient defended herself from realizing the oedipal crime through constantly rejecting the father-analyst or more exactly (since it was a partial rejection), through rejecting the interpretation-penis. One of the consequences of this repeated defensive aggression was the feeling of having castrated or damaged the father-analyst, with the depressive and paranoid anxieties implied therein. In each session in which rejection gained over the analyst's attempts at overcoming this difficulty, the patient introjected and then carried away a castrated and furious father, that is to say, a persecutor. Her consequent anxiety was due to this internal persecution.

Within this level, the pathological benefit consisted in being free from guilt and persecution in relation to the oedipal *mother*. Each session was an alibi, proof of her innocence.

(iii) The situation outlined before can also be described in the following terms: The analysand carried within herself a mother-imago opposing her acceptance of the interpretation-penis with violent threats. The unconscious perception of this maternal opposition—equivalent to the perception of the danger of remaining alone as a woman—roused an intense and continuous anxiety. On a deeper level, this maternal imago was she herself, opposing the parent's sexual union, owing to jealousy and envy. In the analytic situation, these hostile feelings were then as much directed against the interpretation-penis as against her own feminine part, which in her unconscious also represented her mother. This could, for example, be seen through a dream in which the patient rejoiced over the impediment of a marriage between a man, who represented the father-analyst, and a girl, who represented her (only) elder sister and—consciously—victorious rival in the struggle for the father's love. Upon this sister she had placed the mother's sexual part, but in the last instance, her own sexual oedipal part as well. The dream was determined by a session in which she had undone all the analyst's attempts at making her accept his interpretations. In this manner she had prevented the marriage between her father-analyst and the mother inside herself, i.e. between her father and herself. (The manifest dream calms her latent anxiety by denying that the ' marriage ' in question was her own.)

(iv) Nevertheless, the rejecting attitude towards the interpretation, on the oedipal level, also had other motives. In addition, the interpretation represented the ' not-penis ', that is to say, the frustration of her genital desires and of maternity, since according to the patient it ' merely consisted of words '. Therefore, the rejection of the interpretation also was the expression of her hate and revenge against the father, because he had not satisfied her sexually. It was as if the patient, as a child, had become stubborn, and now said, through the rejection of the interpretation: ' Since you, father, did not give me your penis or a child, since you rejected me as a woman and thus made me suffer so much, I am going to reject you in whatever other thing you will want to give me, and thus make you suffer. I do not want to receive anything from you unless it is the penis and the child.' The patient then despised the interpretation, because it was not the penis (at bottom because it was the *frustrating* penis), with this contempt avenging the sexual frustration she had suffered, and the contempt this had meant to her. She induced and seduced the analyst to interpret, castrating him afterwards in the same way in which she had felt induced and seduced to desire the father, later on feeling herself ' castrated ' as a woman.[4]

(v) The father thus attacked—in need of defence or for vengeance—was transformed (as pointed out) into a damaged and persecutory object. This situation increased her anxiety and distrust of the interpretation, and her rejection too, since she attributed destructive intentions to it. On the other hand, affectionate concern for the damaged father emerged, as well as tendencies towards reparating him and restoring his confidence in himself, by means of helping him in his analytic work.

In addition, the persecutory paternal image had another origin: it was an ego-imago, *it was the patient herself, attacking her mother*. As soon as she identified with the mother, i.e. as soon as she adopted a feminine position (for example towards the interpretation), she ran the same risk of being attacked. This is shown by a dream in which *she has to go through a gynaecological operation: with great anxiety she rejects the surgeon who was going to perform the operation, urgently asking for another one*. The two surgeons, the good and the bad one, not only represent the loved and hated father-analyst, but also the patient's own love and hate towards the mother and her womb. In front of her guilty feelings and the fear of retaliation, which had roused the perception of her hostile impulses towards the mother, she had defended herself by projecting them on to the father (origin of the sadistic primal scene). Now that analysis was raising her feminine desires again—in the transference—she ran the same risk of being the victim of the father's attacks. Her fear and distrust of the interpretation is therefore due to her having placed her own ambivalent impulses towards the sexual mother on to the father-analyst (surgeon).

(vi) Difficulties in accepting the diverse *contents* of the interpretation were added to the conflicts thus far presented. The interpretations can be differentiated, roughly speaking, into those which showed the patient's struggles with her aggressive feelings, and those with her feelings of love. The former were rejected because guilt feelings referring to aggression were difficult to bear, and because they increased the feeling of object loss (loss of the analyst). The latter were rejected owing to the same guilt feelings, that is to say, because the patient felt she did not merit them, or because they meant the incestuous union with the father-analyst (since they implied loving and feeling loved), or because the acceptance of the affectionate part involved feeling guilty.

(vii) The universal conflicts described until now were manifested with special intensity and specific characteristics in this patient, thus conditioning a negative therapeutic reaction to a high degree, during

[4] *Penis-envy* also appeared clearly in her conflict with the interpretation, but predominantly as a masculine defence against her anxiety of being a woman. Underlying her envy of the father was her envy of the mother, and especially of the maternal breast. We shall deal with this conflict later on.

a prolonged time. We must therefore consider some specific aspects of her infantile conflicts, as well as their expression in relation to the interpretation. The intensity of her rejection of the union with the interpretation was, on the one hand—as I have pointed out—equivalent to the intensity with which the patient had opposed the parents' union. On the other hand, it was equivalent to the intensity with which she had, at one time, turned towards the father, and the corresponding violence with which she had withdrawn from the mother.[5] She now had to suffer the same loneliness to which she had once condemned her mother. This became evident, for example, through her phantasy that the analyst—in her own words—' did not care a hoot for her ', a phantasy which had its origin in a situation in which her father was everything to her, while she ' did not care a hoot ' for her mother. This situation, in which guilt regarding the mother was intensely repressed, was made ' real ' in her masturbation (and its ulterior equivalents); the intense sensation of masturbatory pleasure increased the feeling of reality of these manic phantasies. In correspondence to the mother's total exclusion from her feeling (which includes, as we shall still see, the mother's loved imago and the affectionate feelings towards her being split off and intensely denied), the patient had split off every hope for herself as a woman. This hope for a positive future of her own, and her own life instinct were split off and placed—on one level—on to the analyst and his interpretation, from which she had to remain totally separated. What is more, in each session she had to paralyse, annul, attack, and destroy the interpretation over and over again. Thus she was projectively identified with Eros or the life instinct, placed on the interpretation (latent or manifest), and on attacking it, she attacked her own existence and life as well, together with the loved object, source of her life. Hence her terrible anxiety when the analyst posed the analysis's eventual interruption—at the peak of the negative therapeutic reaction—since it (apparently) was of no use to her. As I said, truly her own hope—and the man (father) she awaited—was placed (although in a paralysed fashion) on the analyst and his interpretation, though at the same time this hope would never be realized. Superficially, she had ' yielded ' life and sexual capacity to the parents-analyst, and remained subjected to the situation of the child excluded from pleasure.

(viii) In this situation the analyst acquired the meaning of the parents sexually united, and the interpretation was the expression of that union, or of its fruit. The jealous hate, envy, and greed in front of the united parents, and of their capacity to bear children, was then directed against the interpretation. A dream in which *the patient devours a girl (prepared like a fillet of fish)*, shows this greedy hate. In one aspect, the girl is the patient who devours herself (for example, ' swallowing ' many of her associations), owing to the envy which the parents' happiness at having such a daughter causes her. In another aspect, the girl represents every product of the analyst (of the united parents), especially of his interpretations, which are ' swallowed ' in a similar manner, ' without leaving any trace whatsoever ' (according to the patient's associations with the crime of the dream). The act of devouring is at the same time a manic victory, a taking possession of the product of the parents' sexual and creative potency, and a destruction of them (of the breast, penis, child, etc.). Firstly, this situation is an inversion of the basic one, in which the analyst has all the riches, while the patient remains with the lack, the need, and the desire. In the manic situation (once the girl is swallowed) the analyst depends on the patient, but at the same time this is accompanied by persecutory anxieties or by intense guilt feelings. The above-mentioned dream shows the latter, since it continues in the following manner: *The patient feels terribly guilty regarding the parents of the devoured child: she calls on the analyst who nevertheless rejects her excuses, and declares the crime committed unforgivable.* Thus we understand why the patient, as an ulterior defence, inverts the situation again, placing every satisfaction and power on the analyst, and renouncing all hope for herself. In this fashion she frees herself of all guilt. By means of intense splitting, her own hope and desire for progress are placed on the analyst, his every attempt at integrating this part in the patient being rejected.

That which was originally rejected thus returns, since the situation of lack returns, which is experienced as persecution (as long as a wish for life is still maintained through projective identification) and which is experienced as death (when—apparently—every libidinous impulse ceases). We are, therefore, once more in the presence of the succession and stratification exposed above, which—in terms of tendencies—has been described by Freud in the succession of *primary masochism* (which implies the ' primary depressive and paranoid situations '), of *sadism* (which implies the ' primary manic situation ' when the death instinct is turned towards the objects, and consequently, the ' secondary depressive and paranoid situations '), and of *secondary masochism*

[5] On their part, these emotional intensities require an explanation. But on one side, this problem is somewhat removed from our central subject, and on the other, I would be unable to say anything regarding them that has not already been expressed by Freud, by M. Klein (5), (7), and by other authors. For instance, the intensity with which the patient rejected the parents' union was based on a strong intolerance of sexual lack, and this on an intense constitutional masochism. On the other hand, her masochism was secondarily reinforced by the real support which her guilt feelings obtained owing to certain external events. Thus, for example, the fact that her mother could bear no more children (owing, moreover, to the patient's birth), reinforced her phantasy of having destroyed the mother's womb in her attacks against the united parents.

(which implies a freeing from guilt and retaliative persecution, and therefore a ' secondary manic ' experience, but at the same time—since the situation of lack returns—it represents a return of the ' primary depressive and paranoid situations ' in the defence).

(ix) Through the patient's relation to the interpretation, three infantile situations, of special importance in this case, will now be shown as examples. The first is a depressive situation, followed by a manic one, and finally by a paranoid-schizoid situation.

In a dream, *a horse appears, approaching a mare with amorous intentions. Upon coming closer, the horse draws back with horror because it sees that the mare's head is cut off (horizontally): the whole upper part is missing.* The patient's associations indicate that on a superficial level, this dream expresses her phantasy that in her presence any man would draw back with horror, upon seeing her destroyed womb (according to the retaliatory phantasies, etc.). Underneath this phantasy lies another one: the infantile phantasy of herself having destroyed the maternal womb. This depressive anxiety had become actual in the days preceding the dream, owing to her feeling of having attacked the mother-analyst's head, of having cut off his brain, and thus of having destroyed his every capacity to bear interpretation-children, by means of her attacks against his interpretations. Fundamentally it is therefore the patient who draws back with horror from coming into contact with her destructive work. As a defence against this depressive feeling, she identifies with the attacked mother-analyst, placing her horror, her guilt feelings, and her depressive sorrow on to him (see v).

The patient comes to the session one day, very amused by the news she has just read in the papers: some scientists demanded that the moon be declared free and independent. ' How absurd ', she exclaims, the moon belongs to whoever sees it! . . . In their unlimited eagerness for possession men are like that, pretending to invade the whole of space!' These associations also referred to the transference situation. In those scientists she rejected her own part which has already taken possession of the whole world, i.e. of the parents-analyst; she carried them within her, having devoured them (as the girl of the dream), and rather considered the analyst's supposed pretension of having an independent existence, outside of her, absurd. In succeeding associations, she criticized a woman for the rigidity with which she abode by the ideas a man had transmitted to her; moreover, the patient criticized this man for his omnipotent behaviour. When the analyst points out that she criticized her own mental rigidity in that woman, she replies that this is true, but at least it is her own ideas she is clinging to so stubbornly. That is to say, she carries the man, creator of ideas, inside of herself at the same time. She is at once man and woman, the united couple, fecundating herself and giving birth to her children. It can be understood that this manic phantasy and behaviour, by which she is everything, nullifies the analyst's existence, making his interpretation superfluous. On certain occasions, it was clear that she rejected an interpretation because it was the analyst and not herself who expressed it; at other moments, when the patient had had the same idea, she had accepted it fully. In this way, the patient tries to defend herself in face of the basic situation, in which the analyst is everything, and in which she attacks him, enviously and jealously. But it can also be understood that, in its turn, this manic behaviour leads to depressive and paranoid feelings, due to the abolition (destruction) of the analyst's existence.

Little by little, a change was brought about by means of the constant analysis of these situations in the transference, and in the patient's relation to the interpretation. As I have already mentioned, the patient's ultimate defence (the most superficial but also the most intense one), consisted in declaring herself definitely excluded from life as a woman. By virtue of this mechanism, she remained the victim, while the parents-analyst, and especially the mother, could be pointed out as the victimizers. By splitting off the mother's good image, the patient could maintain herself free of guilt feelings regarding her. The before-mentioned change is already announced in the following dream. *She sees her aunt*—whom she describes as being extremely sweet and affectionate *—and somebody does not let her pass a fence. The aunt's situation is highly precarious, which causes her great sorrow. The patient promises to do everything she possibly can to help her.* She awakens from this dream with an intense feeling of guilt, a feeling which she could not perceive during a long period of her analysis. In her associations, she says that in reality her mother had cruelly harassed this aunt (the mother's sister), and adds that the mother's behaviour was surely due to her guilt feelings for having everything herself (husband, children, money), while the aunt, after a short and unhappy marriage, was destitute and lived alone.

In one of her aspects, the aunt represented the analyst, who in those days had been felt as ' sweet and affectionate '. The fence represented the lock with which the patient opposed him internally. On the other hand, the aunt represented the patient's own ' sweet and affectionate ' part, which she kept excluded, ' fenced off ' (split off) from herself in her relation to the analyst. Historically, the aunt was the mother's split off good image, or more precisely, as is shown by the word ' sweet ', the image of the good breast. In this manner, some of the patient's relations to the breast reappeared in her relation to the interpretation. The splitting between good and bad breast, and the corresponding splitting between love and hate, can thus be seen. Love for the breast had been kept away from the transference, every interpretation being considered as lacking value and goodness, since in this way the patient could maintain herself free of guilt regarding the mother-analyst. This is

shown by the irruption of guilt following the dream, i.e. when love and the good image of the 'sweet' breast were reintegrated through the 'affectionate' interpretations.

(x) Thus we arrive at the patient's deepest conflicts with the interpretation: her conflicts with the breast. In closing, I would like to present a dream which shows some decisive aspects of this relation.

'*I am buying a brooch for my blouse from a communist woman (who sells things). The brooch consists of many little stars which have an extraordinary brilliance when seen in daylight. The brooch is owl-shaped. The woman has two brooches, a big and a smaller one. I buy the big one.*'

Associations: 'My father has a certain sympathy for Communism. Ana (an elder friend of the patient) is a communist. Doctor X (a woman psychologist) has communist tendencies. The day before the dream I went to the movies with my father, which I had not done for a long time. In the newsreel we saw the Sputnik. A luminous point could be seen, passing through the starry sky.

'Mary (a girl who makes ceramics) did not work for a long time. Now she made something again; some animals, among them an owl . . . the owl sees at night. . . . I met Mary some years ago; she used to be very pretty, but now she is not as pretty any more. During these last years she was, psychologically, in a very bad state; she had many conflicts with her mother.'

Interpretation; The woman in the dream is the mother-analyst (the wife of the father with communist sympathies, the communist psychologist). She is also Ana, the childless woman, with whom the patient alludes to the analyst, in as much as he did not have her for a daughter, in as much as she refused to be her mother's daughter. The stars are the good interpretations, which 'have an extraordinary brilliance when seen in daylight'; they were felt as wonderful creations, like the Sputniks of the Russian Communists. In their totality the interpretations are like an owl, because 'they see in the night' of the unconscious. The patient is like Mary, not as pretty any more, owing to the conflicts with her mother. But, the same as Mary, she is 'working again' in her analysis, i.e. she loves her analyst once more, giving him life through feeling, appreciating, and even admiring his interpretation-stars, and recreating him in this way (which is equivalent to creating a child or a mother). She buys one of the two brooches for her blouse, that is to say, she acquires one of the mother-analyst's breasts for herself. She chooses the bigger, the analyst remaining with the smaller one; just as in the session preceding the dream, she had compared herself to a woman—a famous woman analyst's patient—who, owing to a great success, had fancied being more than her spiritual mother.

The dream thus shows that the interpretations are felt as the breast's 'wonderful' aspects and contents, and that the capacity 'to see at night', to discover the truth, is equated to the breast's life-giving capacity. Admiration for the breast is the basis for the admiration of all creative capacity, as M. Klein has pointed out (7). The patient felt herself to be a bad daughter (or no daughter at all), as long as she did not want to recognize the goodness and capacity of this breast (the stars only shone if held to the light). She already knew this breast was good, but she wanted it for herself, and thus to excel the mother-analyst.

At the beginning, the patient experienced this interpretation with great pleasure. Her first reaction was to marvel at what the analyst had been able to see through her dream. But this feeling disappeared immediately, to be replaced by pessimistic ideas about her condition and her future. The admiration for, and the good relation to, the mother-analyst was again interfered with by her rivalry and envy, as can be understood through the dream. Moreover, to accept fully the analyst's goodness would have meant to endure the weight of her guilt feelings. This was made evident through the fact that the patient soon turned to new accusations against the analyst, and the uselessness of his interpretations. She declared herself 'fed up with them and with women in general'. On showing her that she had so soon transformed the food the analyst had given her, and which she had liked so much, into bad food, she continued her accusations, saying that the mother had always given her milk together with blood (referring to a real event). But it was clear that in this defence against her guilt feelings, guilt due to her hostile feelings towards the mother returned. Her hostile feelings towards the analyst—represented in a dream of the following night by a tiger-cub which demands human flesh—in fact also transformed the interpretations into a mixture of milk and blood.

Little by little, the most important infantile conflicts were thus worked through by means of the analysis of the patient's transference relation to the interpretation. At the same time and step by step—although with setbacks too—important changes in the relation to the interpretations were reached, which made their better acceptance and assimilation possible. In this way the negative therapeutic reaction was favourably influenced, anxiety diminished, and the basis for better relations with internal and external objects was created.

BIBLIOGRAPHY

(1) FREUD, S. (1912). 'The Dynamics of the Transference. *Coll. Pa.* 6., **2.**

(2) —— (1917). *Introductory lectures on Psycho-Analysis* (London: Allen and Unwin). *Ges. Werke*, **11.** (Imago, 1940.)

(3) GONZALEZ, A. 'El significado inconsciente de

las interpretaciones puesto al servicio de la defensa, durante una sesion psicoanalítica.' (Presented at the 1956 Symposium of the Argentine Psychoanalytic Association; not published.)

(4) Horney, K. (1936). 'The Problem of the Negative Therapeutic Reaction.' *Psychoanal. Quart.*, **5,** 1.

(5) Klein, M. *The Psycho-Analysis of Children.* (London: Hogarth, 1932.)

(6) —— *Contributions to Psycho-Analysis.* (London: Hogarth, 1950.)

(7) —— *Envy and Gratitude.* (London: Tavistock, 1957.)

(8) Racker, G. T. de: (1957). 'Consideraciones sobre la formulación de la interpretación.' *Revista de Psicoanálisis*, **14,** 1/2.

(9) Racker, H. (1957). 'Contribution to the Problem of Psychopathological Stratification.' *Int. J. Psycho-Anal.*, **38.**

(10) Reich, W. (1933). *Character Analysis.* (New York: Orgone Institute Press, 1943.)

(11) Toledo, L. Alvarez de (1955). 'El análisis del " asociar ", del " interpretar " y de " las palabras ".' *Revista de Psicoanálisis*, **11,** 3.

(Received 9 June, 1958)

THE ANALYSIS OF A PARANOID PERSONALITY[1]

By

CHARLES RYCROFT, London

I

Recently, on rereading my paper on the ' Function of Words in Psycho-Analytical Treatment ', I noticed for the first time that almost all my clinical examples were taken from one patient, a woman whom I had in analysis from 1948 to 1952. In this present paper I shall give some account of this patient and describe certain aspects of her analysis.

There are, of course, certain disadvantages in reporting a case six years after the end of treatment, but these will, I hope, be compensated for by my having in the meantime acquired sufficient distance to be able to present both her and my contribution to the analytical relationship with reasonable detachment. As Miss Y was a person who tended to evoke very strong reactions in everyone who had dealings with her, the detachment given by the passage of time is perhaps of particular value in the present instance. I have, however, made no attempt to conceal my own emotional reactions, as I believe that by including them I shall give a truer account of the dynamics of the analytical process than I should were I to present myself as having been a detached observer throughout.

II

The story of Miss Y's analysis begins two years before she came to me for treatment. She was at that time in her mid-thirties, an unsuccessful actress living an insecure and Bohemian existence. Quite suddenly she became depressed and withdrew completely from her previously very sociable life. During her ' breakdown ', as she called it, she experienced various peculiar changes in her moods and perception of reality. These she observed and recorded, using them as the material for a self-analysis which she conducted for the next year. As her only guides she relied on the only two books on psycho-analysis she had ever read, Theodore Reik's *Ritual* and Wilhelm Reich's *Character Analysis*. She also occasionally talked on the telephone with two doctors whom she had known when they were medical students and who both had shown a passing interest in psycho-analysis. On the basis of her introspective findings, and armed with what we should consider somewhat inadequate theoretical support, she undertook not only an independent self-analysis but also the construction of a new system of psychopathology. Unfortunately, she never put down on paper any definitive statement of her system, but during the first few months of her analysis with me I came to know it intimately. So far as I could see, it was entirely logical and self-consistent and, apart from its not being true, I could find only three flaws in it. First, it was based on only one case. Secondly, it attached no significance to any experiences after the age of three months. Thirdly, it took no cognisance of guilt. In all other respects it conformed to the usual pattern of recognized psychopathological theories and took account of both internal and external reality, of stages of libidinal development, and of libidinal fixations and the transformation of infantile libidinal drives into non-sexual social and artistic activities. Her three stages of libidinal development were (*a*) uterine, in which the relation to the mother was mediated by auditory, tactile, and postural channels; (*b*) birth, which was a 'traumatic' stage leading to ' paranoid ' anxieties particularly associated with visual and thermal sensations; and (*c*) oral, in which the relation to the mother was mediated by the mouth and all other bodily organs with the exception of the genitals. The phenomenon of love was associated with this third stage, and under ideal conditions of development played no further part in human relations after this stage was passed. This, to her mind, was her one really original contribution to psycho-analysis, the discovery that all love is ' infantilistic ', as she put it. In her view, really mature sexual relationships contained no trace of love, and in her own sexual relations fore-pleasure was only permissible as a regrettable concession to the immaturity from which her partners, all unfortunately unanalysed, inevitably suffered. Sexual relations were, however, not purely sensual acts—sensuality was, indeed in her view masturbatory—but were experiences of ' transcendental harmony ' produced by the interchange of electrical energy. It would, I think, be a mistake to dismiss these ideas of hers as nonsense. Once one

[1] Paper read before the British Psycho-Analytical Society on 1 October, 1958.

has cut one's way through the semantic confusion centring round her use of the word ' love ', one can see that she was struggling to formulate an insight about the qualitative difference between genital and pregenital love. Her theories had extensive ramifications, but for the moment I shall give only two other details. First, she held that all sublimations have their origin in some specific aspect of one or other of her three stages, music, for instance, being derived from the primary pleasure of listening to the pulsations of the umbilical cord. Secondly, she had discovered the existence of psychically real internal figures; these she called ' effigies ' for reasons which will become apparent later. Miss Y had absolute conviction of the essential truth of her system, and this conviction had exactly the same basis as has ours in *our* analytical theories; her experiences during her own personal analysis.

After about a year Miss Y came out of her depression and decided to have treatment with a psychoanalyst. She knew that analysts, like all other bourgeois professional people, charged exorbitant fees for their services, so she set to work to save money and to get a well-paid job acting, with a view to seeing an analyst during the middle of the day, when, she surmised, they probably have difficulty in filling their vacancies. After a year she had saved about £150 and had got a part for which she was paid £25 a week in a show that promised to have a long run. She then got into touch with one of the doctors I mentioned earlier, who referred her to me with a diagnosis of phobia.

Her conscious reason for seeking analytical treatment was *not* that she had realized she was seriously ill. On the contrary, she believed that she had much more to give analysis than analysis had to give her. The reasons she gave during the first few weeks of analysis were:

First, she wished to become a child analyst, believing that the insights she had obtained during her self-analysis would enable her to make original contributions to the theory and practice of child analysis.

Secondly, she intended to become physically immortal. She had discovered that physical illness and ageing were caused by the ' paranoia ' engendered by a traumatizing and hostile infantile environment, and she therefore concluded that thorough analysis of her reactive sadism and conflicts would eliminate the otherwise inevitable tendency to decay and death. She rather reluctantly admitted her inability to carry out unaided the complete analysis necessary to ensure immortality, so she decided to enlist the help of a classically trained analyst, fully realizing, of course, that *his* limitations would have to be made good by what *she* taught *him*. Since the ultimate goal was physical immortality, she could afford to envisage an almost interminable analysis. However long it lasted, it would be short in comparison with the ultimate reward of life eternal—for analyst as well as herself. She had never encountered anyone who was prepared to take these ideas of hers seriously, but she did not herself consider them particularly outrageous or original. She thought she was merely drawing an obvious logical conclusion which conventional analysts, with typical bourgeois cowardice, had been too frightened to face. So far as I know, she was unacquainted with the notion of the death instinct; the pathogenic factor which she hoped to eliminate by complete analysis was the paranoia induced by the sadism of the infantile environment.

Thirdly, she wished to be relieved of a pain she experienced during sexual intercourse. This pain was unilateral and occurred only with deep penetration. She had already been informed by a competent surgeon that it was indubitably of organic origin and that it could be relieved by a lower abdominal operation. She was not, however, prepared to accept this, the whole idea of surgery being anathema to her.

Miss Y did not mention her ideas about physical immortality during her initial consultation, quite consciously withholding them until she felt I was fully committed to continuing her treatment. At the time I accepted the referring physician's opinion that she was a suitable case for psycho-analytical treatment without question. My first impressions of her were of her determination to have analysis, her tremendous tenseness, and her bewilderingly complex mode of speech, which last I shall describe in detail later.

III

Two details of the initial consultation proved later to have contributed significantly to the dynamics of the analytical relationship, even though at the time they passed unnoticed by me.

When we came to discuss fees she told me about the money she had saved and that she was at present earning £25 a week. I then asked her how long she expected the show to last and how much of the year she usually spent ' resting ', thereby using the common stage euphemism for ' unemployed '. She said perhaps six months a year, so I suggested we discuss fees on the assumption that she earned £12 not £25 a week. I had correctly guessed that £25 a week was considerably more than she was accustomed to earn, but I entirely failed to realize that I had confronted her with an attitude towards money which ran counter to all her preconceptions about professional people. She had assumed without question that analysts were ruthless in their pursuit of fees, and that I would fix hers without any regard to her circumstances. The fact that I enquired carefully into them and took account of them when deciding on the fee I should charge had, therefore, the effect of undercutting one of her most cherished grievances.

I became aware of another significant feature of the initial consultation when I found it necessary to investigate my own counter-transference. I then realized that Miss Y had very effectively dared me

into undertaking her analysis. By presenting herself as a difficult case and as having made strenuous exertions to make treatment possible from her side, she had appealed both to my sporting instincts—a phrase, incidentally, she would have found highly offensive—and to that counter-phobic tendency which makes one determined to undertake a task just because it has been presented as difficult. I learnt later that games of daring had been carried to hair-raising lengths in her childhood and that she had retained into adult life an exceptional capacity to accept physical risks. At one time she had earned her living in a circus riding on the pillion of the motor-cycle that circles the Wall of Death. By daring me in this way she evoked a determination to penetrate her defences which, in alliance with her own determination to be analysed at whatever cost, helped to overcome her equally great determination *not* to abandon any of her defences. The importance of this lies in the fact that her analysis turned out to belong to the not uncommon category which raises the question of why the analyst commits himself to the treatment of a patient from whom he cannot expect the usual economic reward.

IV

Miss Y was small and slight, but her marked presence made her appear taller than she was. She was strikingly good-looking, though the effect was marred by her tense expression and posture. She spoke in a low, harsh, or husky voice. Her clothes were either untidy to the point of sluttishness—my receptionist nicknamed her the Gypsy—or exotic to the point of being bizarre. She was intensely interested in her effect on other people, but made no attempt to appear smart or fashionable.

At first I often had considerable difficulty in understanding her highly individual mode of speech, and I had therefore to analyse it in some detail. It contained the following five peculiarities: (i) She made her own choice of prefixes and suffixes, always, for instance, saying ' comatic ', not ' comatose '. (ii) She gave words private meanings that were remote from and yet obviously somehow related to their accepted meaning. ' Comatic ', for instance, meant lethargic, intellectually lazy, unawakened. (iii) She had a number of favourite words which she used in unusual or old-fashioned senses. One of these was ' reactionary ', which meant sensitive or responsive. (iv) She had invented new words and appropriated a number of already existing words to signify various intra-psychic phenomena she had encountered during her self-analysis and for which she had had no words in her pre-breakdown vocabulary. The most striking example of this was the word ' effigy ' to describe an internal object. (v) She preferred abstract to concrete modes of expression and avoided metaphor, preferring to restrict her vocabulary to words which have lost all apparent connexion with any concrete object or activity. This was the crucial disturbance, and its cause became clear in the light of her reactions to the use of metaphor by myself. It then became obvious that she had difficulty in distinguishing between the literal and metaphorical meanings of words, and between words and the concrete objects they signify. If, for instance, I used the phrase ' getting something off one's chest ', this evoked the sensation of something on her chest weighing her down, not the idea of unburdening herself. My use of this phrase was taken as a sadistic attack, a deliberate attempt to make her feel a weight on her chest. I am not sure to what extent this difficulty existed in her everyday life or how much it was exacerbated by regression during the analytical session.

She herself tried to maintain that the difficulties in verbal communication that sometimes arose between us were due to her American upbringing and that she was unfamiliar with idiomatic English. This was quite untrue, as for various reasons I insisted confidently from the beginning, and I later learned that all the significant figures in her childhood had been brought up in England and had all clung militantly to their English middle-class accents despite long residence abroad. The real reason for her conviction that she could not understand English and that I could not understand her expatriate speech was her unconscious belief that there had been an irreparable break in the channels of affective communication between herself and mother-figures which no words, not even those of her mother tongue, could ever bridge.

Although I became in time familiar with the idiosyncrasies of her speech and knew, for instance, that ' reactionary men have no sense of structure ' had nothing to do with politics but meant that sensitive men are incapable of lasting personal relationships, I deliberately refrained from making more than the minimum amount of accommodation to them for fear of becoming involved in a linguistic *folie à deux* which might make it harder for her to work through her hostility to the uncomprehending mother-imago. I am not altogether sure that I was right in adopting this policy.

Some of her neologisms were amusing, but quite unintentionally so. A Lowerarchy was a hierarchy viewed from above—those of us who are not at the top of course usually view hierarchies from below. She once, again quite seriously, said: 'Annoyed? I was paranoid.' I have, of course, been describing an early stage in a schizoid thought disorder, the result of a regressive disturbance in symbolic thinking and of the confusion created by her attempt to master unaided the disordered perceptions of her breakdown. This thought disorder cleared up completely during the analysis. During the period of recovery she used to make up jokes based on metaphor being taken literally. Some of them were used as captions for a volume of humorous drawings made by a friend of hers.

In line with her belief in her capacity to analyse herself without external aid was her faith in her own

untrained creative powers. At the age of 10 she had decided to become the female Shakespeare; at the same age she also decided to become a ventriloquist. At 17 she wrote a poem identical with one by Verlaine and a melody identical with one by Rachmaninov. At the age of 30 she had been told, so she said, by a ballet teacher that with a few weeks' practice she could reach the standard of a ballerina. She also claimed telepathic powers. The only artistic gifts to which she made no pretensions were painting and drawing. It is not surprising that one of her reports at Dramatic School—acting was the only art for which she had any formal training—described her as exceptionally talented but quite incapable of learning from anyone. A dream she had in the first year of analysis depicted the omnipotent character of her belief in her genius. It also shows her failure to deny *completely* her need for external support.

Dream I. She was demonstrating to a group of stuffy bourgeois professors her ability to dance without touching the ground. She had, however, to keep one finger touching a round tea-table in the middle of the room.

Her determination to deny any need to be dependent on others was also shown in her attitude to external dangers and difficulties. Not only was she physically fearless but she also seemed without social anxiety. She was never shy or overawed by anyone and was quite incapable of accepting any offers of patronage that might have helped her professionally. She also denied any anxiety about the economic insecurity in which she habitually lived. During a phase of the analysis in which she was penniless she refused unemployment relief and tried to persuade herself that hunger pains were psychogenic. Nor did she admit that any dangers attach to sexual promiscuity.

She would not have used the word promiscuous about herself, but it would be hard to find another word to describe the bewilderingly rapid series of transient encounters that made up her sexual life. In her view it was a search for an ideal partner with whom she could experience complete sexual harmony uncontaminated by either love or sensuality. Occasionally, or so she said, her search was successful, when she found a 'reactionary' man, but then, alas, they always proved to have no 'sense of structure'. The others always proved 'comatic'. Rather inconsistently, I thought, she referred to her sexual partners as lovers.

It will already have become obvious that Miss Y was counter-phobic rather than phobic, and that in many ways her character was paranoid. In the last section of his paper on Schreber, Freud observes that the familiar principal forms of paranoia can all be represented as contradictions of the single proposition 'I (a man) love him (a man)', and goes on to show that projection cannot be the essential mechanism in paranoia. Although Miss Y certainly used the mechanism of projection extensively her defensive personality seemed to be based on a massive contradiction of her unconscious wishes and fears rather than on denial and projection. Her heterosexual promiscuity contradicted her underlying attachment to the mother and her fear and hatred of men. Her pretensions to genius, an example of what Freud called sexual over-estimation of the ego, contradicted her unconscious need for object-love, this being reinforced by her ideological rejection of love as infantile. Her imagined discovery of a means by which death could be eliminated was a contradiction not a denial of death. Similarly her conviction that almost everyone other than herself was sadistic was as much a contradiction of her need for love as a projection of her own sadism. This was shown by the fact that it was just those classes of persons whose occupation it is to care for others and whose care she needed that were in her view most sadistic. She considered all doctors, especially women doctors and psychiatrists, to be sadists. In principle psycho-analysts were not, though during the first year of analysis most of my interpretations were considered to be deliberate sadistic attacks. In charitable moods she attributed my sadism to the contamination I had suffered while acquiring a medical qualification. All mothers she met were scrutinized closely and any mistakes or awkwardnesses they showed were attributed to sadism; when possible she interpreted this to them.

Her need to love and feel loved had, however, found one outlet. She kept cats—several of them, which she had saved from being put down. She was devoted to them and fondly believed that they were dependent on her. Fortunately, she decided early in the analysis that I too was fond of cats. That cats were part of an *external* reality about which she had normal emotions and in which her usual omnipotent defences did not operate was shown by the fact that the first open, naïve expression of anxiety in the analytical situation occurred in relation to one. One day the housekeeper's cat went to sleep under the analytic couch, from which it emerged during the middle of the session. When Miss Y suddenly noticed it stalking towards the door, she leapt off the couch on the opposite side. I remained seated. I am convinced that if a man, not a cat, had emerged, she would not have batted an eyelid.

Another feature of her personality, which was, I think, manic rather than paranoid, was that her appearance and whole demeanour could alter so much that it was hard to believe the different characters presented to one were in fact aspects of the same person. In one character she was hard, aggressive, querulous, and argumentative, and usually sluttishly dressed. In another she was transfigured and radiant, absolutely confident in her ability to charm everyone she encountered. In such moods everyone in the street stared at her appreciatively as she passed and complete strangers came up and talked to her. It was an important step in the analysis when she compared this to the way passers-by will stop to talk to a happy baby and, though still flattered, recognized it to be

an intrusion on her privacy. These changes in mood at first occurred independently of the analysis and were remarked upon by others than myself; later they became associated with changes in the transference.

In describing Miss Y's character I have already used the terms counter-phobic, paranoid, and manic, and the question arises, I think, whether she was, *psychiatrically* speaking, psychotic. She certainly displayed incongruity of affect. This was well described by one of her lovers who once remarked to her: 'It's the glorious irrelevance of you. You look at the sugar-bowl with intense hatred and talk of the weather with an expression of ecstasy.' I am fairly sure that at first she was terrified that I would decide she was mad and was more than relieved that I never in any way treated her as such.

Since Miss Y often behaved and spoke in a way that in everyday life one might be inclined to dismiss as pretentious, absurd, and bizarre, I must mention explicitly that very early on I decided that she was in fact a very gifted, though profoundly disturbed, person, and, in particular, that she had an unerring aesthetic sense. It would be hard to justify such an impression by citing examples that would be generally convincing, and I shall only say that her sensibility often manifested itself negatively. No one could have hated Rembrandt as passionately as she did without a profound though denied insight into his understanding of ageing and death.

So far I have presented Miss Y's character and ideas without relating them in any way to the childhood experiences which alone make them comprehensible. My reason for having done this is that during her analysis I had to learn to feel at home with the defensive personality she presented to the world before I could learn the bare facts of her childhood, let alone acquire any imaginative understanding of it.

V

Miss Y was the youngest child of the only English-speaking family living in a small village in America, both her parents having emigrated from England. They were converts to Catholicism, and five children followed each other in rapid succession, first a boy and then four girls. The whole family's life was overshadowed by a series of deaths which occurred before Miss Y was 10 years old. Her mother died when she was just over 2. An aunt then came to keep house and care for the children; she died when Miss Y was 4½. The children next had a governess who was committed to a mental hospital when Miss Y was 10 and who died there soon after admission. Miss Y had some recollection of all three deaths. In her early teens her father remarried. Her stepmother found Miss Y unmanageable and both parents became very strict in their attempts to control her adolescent interest in boys. She reacted by becoming more and more defiant. In her late teens she was put for a while into a reformatory run by nuns and later, after failing to hold down a number of office jobs, she was shipped back to England to live with some distant relations in a small provincial town. She soon found the aspidistras and antimacassars unendurable and before she was 21 she ran away and got a job with a circus. From then onwards she lived a precarious, unsettled, and nomadic existence, her only contacts with her family being very occasional letters to her sisters and appeals for financial help to her brother. Under these circumstances no confirmatory external evidence about her childhood was available, while her own description of her treatment by her father and stepmother bore all the hallmarks of paranoid distortion. The idea she had at the beginning of her analysis that both her father and brother had attempted to abuse her sexually was, fairly certainly, a delusion. I suspect that her father was a moody and difficult man who was often at his wits' end as to how to handle five motherless children. They ran wild and much of their hostility and resentment was worked out on each other in bullying and spitefulness, with my patient, as the youngest, bearing the brunt of a lot of it. I think, too, that to begin with she was her father's favourite child. She owed to him her interest in poetry and acting and was the only one of the children to be infected by his passion for Shakespeare. His getting rid of her, first to a reformatory and then to England, was, I suspect, the action of a man bitterly disillusioned in his idealized favourite daughter rather than that of a crude disciplinarian. What her precise misdemeanours were I never discovered. The other children have all made conventional adjustments to the American way of life.

Although these facts about her childhood are very scanty, they are enough to make her unconscious longing for the mother, her conscious hatred of her father, and her fear of death, all imaginatively comprehensible. They offer, however, no explanation of the paranoid twist to her personality, of the fact that her infantile traumata led not to repression, impoverishment of the ego, and symptom-formation, but to the development of an ego itself based on active contradiction of her pathological, unconscious impulses. One consequence of the fact that she emerged from her childhood not with a psychoneurosis but with a paranoid, manic character was that energy which in a neurotic is dissipated in symptom-formation or held in leash by repression was available to her organized ego, though at the price of a partial break with reality. This was the basis of the forcefulness of personality which was one of her most striking characteristics.

VI

Miss Y's analysis lasted for rather over four years. I shall not attempt to describe its course fully, but shall confine myself to giving a general picture of the three phases into which the analysis fell and to describing in more detail a number of crucial episodes. Miss Y was a prolific dreamer of remarkably undisguised dreams, which I shall use extensively as illus-

trative material without reporting her associations, which were in general more confusing than illuminating.

The three phases into which the analysis fell were:

(i) A phase of resistance, in which Miss Y fought to prevent disintegration of her omnipotent and narcissistic defences.

(ii) A phase of regression, in which she re-experienced the despair and depression that had necessitated construction of these defences, and

(iii) A phase of recovery, in which she acquired sublimations and reconstructed her defences on a less omnipotent and narcissistic basis.

Since the phase of regression had a rapid onset and ended suddenly during one of my holidays, this division into three phases corresponds closely to the clinical facts and is not a theoretical construct introduced to facilitate exposition. The phase of regression was, however, foreshadowed more than once during the phase of resistance, and I shall describe one instance of this in some detail.

VII

The phase of resistance lasted for just under two years. The preceding sections of this paper have in the main been based on impressions and information acquired during this first phase. It was characterized by long periods of intense hostility towards me, alternating with short periods of complete harmony. During the hostile periods she attacked me on almost every possible count. I was held to be sadistic, insensitive, stupid, and un-understanding, and to be a legitimate target for her hatred of all things English—English conventions, English snobbery, English doctors, English food, English cooking, and English weather. All attempts to interpret this hostility were taken as indicating my approval of what she was attacking and therefore as further proof of my insensitivity and stupidity. Alternatively I was thought to be deliberately provoking her by affecting to approve the obviously intolerable conditions by which she was daily traumatized. Now although most of this hostility was undoubtedly transferred, the accusation that I was being un-understanding did at times and in certain respects have some validity. There were two reasons for this, one unavoidable, the other the result of a failure in discrimination on my part.

The unavoidable reason was the confusion created by her highly individual habits of speech. *She* used a language I had yet to understand, while *I* used a language that to her meant lack of understanding, since to her mind it was inherently incapable of describing her inner feelings and was full of phrases designed to disturb her by evocation of painful imagery. She had, furthermore, a hatred of language itself since, in her view, it only exists because human beings fail to understand each other. Her repudiation of her mother tongue and her attempt to replace it by a private language was, as I have already mentioned, an indication of her despair about the possibilities of affective communication.

The avoidable reason was that I failed to discriminate sensitively enough between different types and sources of aggression. Evidence of penis envy and oral frustration was only too obvious in her attacks on doctors and on English food and weather, and it was true that she envied me for being a man and felt frustrated by the mother country which gave her neither food nor warmth, but her dreams—as I only realized much later on when I had reason to abstract them from my notes—suggested that her envy and aggression were not primary and instinctual but were part of her defence. Her repudiation of her need for love and her attachment to internal objects from whom she derived her sense of omnipotence had imprisoned her in her internal world and her fundamental demand on me was that I should help her take the risk of abandoning her self-sufficiency and trust an external object. Having made this demand on me, having instated me as someone by whom she could hope to be rescued, her anxiety compelled her to hate and fear me. Just because I was the person she had chosen to liberate her from her internal objects I inevitably became the person who threatened to destroy her sense of omnipotence. Just because I was the person she had put into a position in which I could prove myself trustworthy and make her aware of her need for love I became the person it was most necessary to prove hateful, insensitive, and un-understanding. Furthermore, she had to test out that I could continue to be benevolent, however venomous she might be. Interpretations of her hostility in terms of envy and oral aggression lost sight of all this and, in particular, lost sight of the fact that her whole aggressive attitude towards me was an attempt to contradict the impression she had in fact gained in the initial consultation that I was a person to whom she could trust herself.

I shall now quote some dreams which illustrate this and depict her narcissistic attachment to internal objects and her sense of imprisonment by this attachment.

I have already quoted her dream of dancing before a group of bourgeois professors.

Dream II. She was masturbating by rubbing her legs together as though there were a penis between them.

Dream III. She was trying to suck her own breast. Then she decided to masturbate but desisted when she remembered she would have to tell her analyst. . . . She was escaping from a prison.

Dream IV. She was in a medieval castle. She and an old woman walked out over the drawbridge. The moat was full of drowned 'effigies', the corpses of her former lovers. Then she tried to reach the sea but her way was blocked by a wall of ice.

Dream V. She was escaping from the Soviet Union in a boat. In the middle of the sea she

found a trap door. She opened it and found a Post Office Savings Book.

Dream VI. Her clitoris was elongated and tubular. She was alone on an island except for one other person, whose sex was uncertain.

These dreams depict very clearly, I think, her attempt to sustain herself by a narcissistic attachment to internal objects and the resulting sense of loneliness and imprisonment. The sense of omnipotence which constituted the illusory gain from her attachment to internal objects is strikingly presented in her dream of dancing before the bourgeois professors and also in the image of the enlarged vaginal-phallic clitoris.

During the phase of resistance there were three ways in which she could temporarily lose her sense of being trapped. One was with her cats. Another was in her sexual promiscuity. The third was in her phases of harmony with me. During these she felt that I understood her completely and absolutely, everything I said was wise and right. My consulting room was always beautifully warm and the weather perfect. All this, however, was resistance too. She came late for sessions and only welcomed my interpretations enthusiastically by reading into them her own preconceptions about herself. These ecstatic manic moods were identical with the transfigured, radiant moods I described earlier. That they were based on a phantasy of union with the analyst as mother is shown by the following dreams.

Dream VII. She and her analyst are in a studio. She is at peace.

Dream VIII. The analyst is sitting beside her as she lies on the couch. She falls asleep. When she wakes up he asks her whether all her friends are homosexual. Then he feeds her with salad.

I have already mentioned that the phase of regression was foreshadowed on more than one occasion during this first phase of resistance. The most impressive of these occurred near the end of the first year of analysis and was precipitated by circumstances external to it. She had been persuaded, partly by myself, to have a surgical operation for her dyspareunia and went into hospital during one of my holidays. The operation was planned to take place three days before I returned to work. I was therefore surprised and disturbed when she telephoned to tell me that she would be coming to her session despite having had the operation only three days previously. When she arrived she walked straight to the couch without looking at me or greeting me in any way. She lay down and went completely limp, in striking contrast to her usual very tense posture. She remained silent and uncannily motionless. I assumed, rightly, that she had discharged herself from hospital almost immediately after the operation, and knowing that she had had a lower abdominal operation feared that she might have had a haemorrhage. Her absence of colour did nothing to reassure me, and I remember entertaining for a moment the idea that she had come to die on the couch. I was therefore more relieved than distressed when I noticed that she was weeping silently. After a while she tried to speak but failed, and I helped her off the couch on to a chair. She then told me what had happened. She had had the operation with much less pain and distress than she had feared and had been coping successfully with the barbarous conditions in an English hospital until a small child had been admitted to the ward. This child had cried all night and she had been as much upset by the indifference of the nursing staff as she was by the crying itself. Next morning she could endure it no longer and after a row with the Ward Sister and House Physician had discharged herself from hospital. I hardly needed to point out that she was re-experiencing her own desolation after the deaths in her own childhood and that her indignation on the child's behalf was born of her own need for consolation.

VIII

During the months following this episode she began to change. She stopped being promiscuous and became preoccupied with her memories of a young Frenchman, half her own age, with whom she had had a short affair. She lost her job after a quarrel with the producer and then sabotaged every audition she went to by her unaccommodating attitude. Her savings were nearly exhausted. She became increasingly aware of her dependence on me and stopped attacking me incessantly. She began to have anxiety dreams in which I featured as a benevolent and protecting figure.

Dream IX. She is climbing a cliff to reach the analyst. On the way she passes a thug or policeman. The analyst had become very wise and intelligent and she realized that his sadistic treatment of her had all been play-acting done for her own good.

Soon after this dream she became regressed. By this I mean that she entirely dropped her defensive attitude towards me, that instead of lying tense and over-alert on the couch she became relaxed and absorbed, that instead of arguing with me and producing masses of highly intellectualized material in a loud, harsh voice she started describing simply and quietly what she felt it must have been like to have been a child and infant. She became so absorbed in the analysis that the question of her working did not arise, and she spent most of her time continuing the analysis in imagination, sleeping, or day-dreaming about the young Frenchman. To my mind this Frenchman was clearly an idealized representation of myself, but interpretations to this effect were always unacceptable to her.

The actual content of the sessions during this phase is difficult to describe. With one exception her reconstruction of the experiences and emotions of infancy corresponded closely with the picture of infancy painted by contemporary analytical research. The exception was her complete rejection of the idea that an infant can feel anger or hatred

towards its mother and that it can be disturbed by its own destructive phantasies. Interpretations of dreams which seemed to me to depict this aspect of infancy were either brushed aside or reacted to with such anxiety that I eventually decided to let her take her own time discovering the importance of infantile aggression.

The emotional atmosphere of this phase is even harder to convey. This is partly because it contained two elements which are logically incompatible and which yet coexisted without apparent contradiction. One was a feeling that I was bored, tired, ill and indifferent, while she was listless, despairing, and overcome with a sense of futility; it was as though she was re-enacting a mother-infant relationship from which all life had been withdrawn. The other was her belief that I *could* be trusted to see her through, could be a support until she succeeded in gaining access to her own sources of vitality. At times the only evidence of hopefulness in her was the regularity and punctuality with which she attended sessions. She paid no fees during this period, living entirely on borrowed money. However, despite her helplessness and absorption in the analysis, her dependence on me and surrender to me as an introjectible good object never became fully explicit, largely, I think, owing to her fear of the destructive implications of her incorporative phantasies, her fear that she might turn me into an effigy. As a result she never asked me to lend her money and deflected some of her longings on to the Frenchman who by living abroad remained out of range of her aggression and could do nothing to disillusion her.

She dreamed much less during this phase, and I shall only quote two dreams.

Dream X. A female producer did not want to give her a part. . . . She was hurt to find that there were no photographs of her in Mrs. X's album.

Here we see the feeling of being slighted by being unwanted and unremembered by her mother, who, as she then felt, would not have died if she had really loved her daughter, but the dream contains no hint of anger or resentment.

Dream XI. She pressed her breasts against a wall. Although her breasts were anatomically hers, they were also someone else's.

It is this dream which justifies my interpretation of Dream III, in which she was trying to suck her own breast, as an internalized object-relationship and not as an auto-erotic activity. This last dream depicts her acquisition of insight into the object-dependence implicit in her narcissism. It also represents her primary identification with the analyst as breast.

Eventually, however, aggressive feelings began to emerge unequivocally. First, she remembered a gardener in her childhood who had always kept the vegetables locked up and how determined she had been to steal some of them. Then she had openly sadistic dreams which shocked her profoundly.

Dream XII. She is in a butcher's shop buying meat. She takes his carving knife and starts cutting up two white cats. Then she is in my consulting room, where I am analysing a Lesbian friend of hers. I look as though I am going to work off some of my aggression on the Lesbian, but instead I show her (i.e. Miss Y herself) a drawing done by a poet friend of hers. It is very chaotic, but I assure her that he has also done some very ' integrated ' drawings.

In the first part of this dream it was, of course, the cruelty to cats which shocked her so much. In the second part she depicts her dawning insight into the intimate connexion between creativity and aggression, but does not yet dare locate either within herself. The integrative processes which were already occurring within her have therefore to be represented as taking place off-stage, at one remove from the analytical situation.

Dream XIII. She is forced down a cul-de-sac by a lorry. Then a workman is lying unconscious on the ground. She can only presume that she herself must have attacked him.

Here she depicts the feeling that she is being forced into a position in which she will no longer be able to deny her aggression.

IX

Dream XIII was dreamt at the end of November 1950. To her first session after my Christmas holidays Miss Y brought some drawings that she had done. I was very struck by their strict realism and classical technique; they were ' integrated ', to use the word she had herself used when recounting Dream XII. I also felt there was something frightened and overcautious about them. As I put it in the notes I made at the time: ' Her drawings show a fear of being too violent, e.g. very gentle lines on paper that would tear easily.' The best drawings were all of cats. During the session she told me how she had come to start drawing. Over Christmas she had been with a friend to visit the friend's mother. The mother and daughter were not on good terms and the atmosphere had been tense. On one occasion her friend lost her temper with her mother. Miss Y's sympathies were with her friend, and she suddenly found herself wishing to murder the mother. This feeling came like an illumination, and with it many things that I had said to her about hostility and ambivalence fell into place. Later, when she got home, the idea of trying her hand at drawing occurred to her; she sat down with pencil and paper and found she had no great difficulty in drawing her cats and other objects in the room. Since then she had spent much of her spare time drawing.

Drawing was one of the few arts about which Miss Y had had no pretensions, and her attitude towards her newly acquired aptitude was in striking contrast to her previous tendency to refuse all help and guidance and to rely defiantly on her own inner genius. She took evening classes in drawing and seemed quite prepared to learn from her teachers.

Indeed, her only complaint about the art class was that she found her tendency to flirt with the male students interfered with her work. It was also very striking that she had no objection to spending hours copying the work of old masters and seemed only to acquire a realistic technique. She was quite uninterested in abstract or ' advanced ' forms of art.

She also began to write poetry again. Here too she expressed herself in simple traditional forms and she never showed me a poem which was not comprehensible on a single reading. In a series of poems about her childhood she worked through her grief and described her recovery of the internal image of a loving mother and the resulting loss of her inner sense of isolation. I regret that I am unable to quote any of these poems.

Miss Y's need to draw, and, in particular, her need to draw the external world as it is, was an expression of her drive to escape from the prison of her introversion and to re-establish contact with the world of everyday reality, which she used her hands and eyes to master and rediscover. On the same day that she first showed me her drawings she asked me how much longer I thought the analysis would last, and shortly afterwards she began to concern herself with the problem of earning a living. As she decided that acting was not her métier and had no other training and qualifications, the remaining eighteen months of the analysis were to some extent disorganized by her search for suitable work, and it was partly for economic reasons that she terminated analysis four years after beginning treatment.

I do not intend to describe in any detail this last phase of recovery. Much of it consisted in working over again material I have already presented, but with the difference that she was capable of operating the normal split in the ego which enables psychoneurotic patients to observe and reflect upon the material they present instead of becoming totally immersed in it. There were also periods in which development seemed to be occurring spontaneously and in which my function was confined to providing a setting in which insight could increase and to being ready to intervene when she seemed to be losing her way. I have no doubt that in view of the emotional insecurity of her childhood and the social insecurity of her adult life the mere continuity of the analytical relationship had a therapeutic effect. I think too that the sudden emergence of a sublimation and, with it, of a firmer grasp of reality indicates that a normal, non-defensive ego-orgainzation must have already been present when treatment began, however overshadowed it may have been by her highly defensive ' personality '. The last phase of her analysis was a phase of recovery, not only in the sense that she recovered from her regression, but also in the sense that she recovered certain faculties and potentialities which had previously been dissociated and therefore inaccessible. In the last resort this was based on recovery of the belief in the possibility of affective communication, a belief which had been shattered by the traumatic experiences of her childhood. The most obvious example of her becoming more in touch with, more at home in outer reality was her changed habit of speech—I remember being amazed when she first came out with such an ordinary word as ' flirt '—but much more than this was, of course, involved.

In April 1951 Miss Y received a telegram telling her that her father had died. After unsuccessful attempts to find a friend to stay with her, she rang up and asked me to come and see her. The sense of urgency was obvious in her voice and I went at once. When I arrived, almost the first thing she said was that in a sense I needn't have come at all, all she had needed was the certain knowledge that I had appreciated the urgency of her call and that I was willing to come, though of course, she added, the only way I could show this was by actually coming. What she needed was that her grief should be recognized, otherwise she was in danger of denying it. Miss Y had realized this danger herself, hence her call to me. After talking about this for a little while she gave me a cup of tea and I returned home. My reason for reporting this incident—the only occasion on which I stepped out of the analytical role—is to give an example of the sensitivity and perceptiveness which she had kept hidden behind her narcissistic defences, a perceptiveness which made her realize how easy it would have been to recall only the grievances of her adolescence and to maintain that she had always hated her father and recognize immediately how urgently she needed a witness for her grief. It did not, of course, require much imagination on my part to appreciate that someone who had lost three mothers in her childhood and who as an adult had had to fabricate theories denying the inevitability of death, needed endorsement of her threatened insight when confronted with the fact of her father's death.

Miss Y had in fact identified with her father in many ways, and I have already given material, without commenting on it, which shows how extensively a phallic organization was interwoven with her omnipotent defences. During the last months of her analysis she became markedly more feminine, a process which began shortly after she first admitted hostility towards the mother. A fortnight later she had the following dream.

Dream XIV. She is in a room belonging to a beautiful girl. At first she thinks the girl is not there, but to her surprise she finds her asleep in bed.

A few days later she expressed concern on my behalf for the first time. She was worried, she said, about the aggression I must have to put up with from my other patients. During the same hour she said she had just realized how much she always wanted to be the centre of attention and how hard she found it to tolerate the idea that it was unrealistic of her to expect me always to be able to understand immediately what she was getting at. A few days

later she remembered how slighted she had felt following her father's second marriage. One can perhaps detect in this sequence a hint of the conflict she must have had as a girl between the *phantasy* of being her father's devoted wife, concerned about the demands made on him by all the other children, and the *knowledge* that she was still one of them herself; and then the mortification of discovering that she was not cast for the role of her father's daughter-wife.

Her earlier sexual promiscuity had been homosexual in the sense that her idea of eliminating love from sex involved denial of specifically masculine and feminine emotions. She now began to express quite simple feminine anxieties. She complained of her compulsion to flirt. She admitted to being frightened when walking alone through dark streets at night. She dreamt that a man tore open her blouse and then broke one of her vases. When she set up house with a man she was appalled at her tendency to nag him. Fairly soon before the end of the analysis she had the following dream.

Dream XV. In the middle of a party a girl squats to urinate. She has a penis which she tries to push back into its proper place as a vagina. She fails to do it herself so she enlists the aid of a man, who pushes it in with his penis.

In this dream we see depicted the reversal of another of the contradictions on which her defensive 'personality' was based. Instead of accepting her femininity, as a normal woman would, or denying her lack of a penis, as a hysteric would, she had tried to contradict her anxieties about being a woman and not a man by asserting that her vagina was really a penis. This contradiction involved her in an untenable break with reality, and the dream epitomizes her return to reality through analysis, depicting first her attempt to return unaided and then the acceptance of help. What it leaves out is her resistance to the required invagination, her struggle to retain her omnipotent bisexual penis-vagina, which she could only begin to relinquish after she had tested out during the phase of regression that it was safe to rely on someone other than herself and had achieved some degree of inner security through acquiring an internal image of a mother whose 'legacy of gentleness could cool her even when the fire of hatred burnt within her.' I am here paraphrasing one of her poems.

This dream, which is the last that I shall quote, was a wish-fulfilment, since it depicted as completed a process which in fact remained incomplete. Unlike the actual surgical operation she had, which was an outstanding success, her analysis was only partially successful. Although she became a much softer person, she remained in many ways narcissistic and schizoid, and there was, I think, a manic element in the partial recovery she made. In so far as this can be attributed to a failure in technique rather than to limitations inherent in her pathology, the fault lay in my failure to bring certain relations directly into the transference, notably her idealization of the young Frenchman and her impulse to murder her friend's mother. As a result the dynamic changes which occurred when she recognized her hostility and found she could draw, took place by a sort of manic intrapsychic manipulation conducted under my aegis, as it were, rather than directly within the transference relationship.

Although Miss Y's analysis ended prematurely, she had a proper last session. During it she said: 'Well, I see it all now. It wasn't their fault and it wasn't mine either,' and then turning round to look at me she added, 'though why in hell didn't you say so at the very beginning?' This was meant half-humorously, but perhaps she had a point. Perhaps if I had started from the assumption that she must have been through some experience too painful to be assimilated and that she was seeking a relationship secure and sensitive enough for her to abandon her protective defences and risk suffering again, things might have been easier and quicker. But perhaps she would not have understood what I was talking about and could not have done so until she had unburdened herself of much of the aggression with which she had become overcharged.

Theoretical Discussion

I have taken the term 'contradiction' from the third, theoretical, section of Freud's paper on Schreber, where he remarks that 'the familiar forms of paranoia can all be represented as contradictions of the single proposition, "I (a man) love him (a man)."' However, Freud himself did not regard 'contradiction' as a mechanism, and he appears to have been using the idea of contradicting a proposition purely descriptively, without envisaging that it might be possible to use it to conceptualize a specific dynamic process. After showing how the four principal forms of paranoia correspond to the four different ways in which the proposition 'I love a man' can be contradicted, Freud goes on to give reasons why projection cannot be regarded as the pathognomonic mechanism in paranoia and to argue that the 'pathogenic factor' in paranoia is that libido which has been detached from external objects is used for aggrandizement of the ego, i.e. that there is regression to the stage of narcissism. At no point does he suggest that the contradiction he has described could itself be envisaged as a specific paranoid mechanism; the emphasis is on the homosexuality, not on the process of contradicting it. Nor does he mention the concept of 'denial', the defence which nowadays is commonly coupled with projection as providing the basis of paranoid disorders. For instance Heimann (1953) writes,

'As is well known, delusional jealousy and fear of persecution are based on denial and projection.' The reason for this omission of Freud's is, of course, historical. In 1911 the preoccupation of analysis was still with the establishment of fixation-points to the exclusion of differentiation of specific modes of defence.

Contradiction, however, is not the same thing as denial, and to my mind Miss Y, whose character-defence showed a marked resemblance to the clinical picture of paranoia, did something more than deny and project her attachment to the mother, her hostility to men and her fear of death; she constructed an organized pattern of behaviour and thought which was designed to replace her repressed wishes, feelings, and anxieties by a totally different order of experience. The development of this distorted ego could no doubt be formulated in terms of the interaction of several different mechanisms of defence—the list would certainly have to include denial, repression, regression, projection, introjection, reversal, transformation of affects, reaction-formation, and rationalization — but there is, I think, something to be gained by seeing it as a single dynamic process which manifested itself both as an unconscious phantasy and as a strategy of defence.

BIBLIOGRAPHY

FREUD, SIGMUND (1911). 'Psycho-Analytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides).' *S.E.*, **12.**

HEIMANN, PAULA (1953). 'Certain Functions of Introjection and Projection in Early Infancy.' In *Developments in Psycho-Analysis*, by Melanie Klein *et al.* (London: Hogarth.)

(Received 9 April, 1959)

A GAME THAT MUST BE LOST

By

ADRIAN STOKES, London

I

The aims of instinctual urges are never abandoned nor always reconciled under the pressure of reality: out of this situation there arise the developments and divisions of the psyche and the elaboration of the ego's defences. Are these vast, complicated structures, then, the fruit of so simple a conflict, or is the incessant and always acute character of conflict due as well to an *absolute* opposition in the first place between basic drives themselves?

There is today no agreement over the matter: the disagreement is the principal cause for conflict in the psycho-analytic movement. I am on the side that favours an initial scene of inner conflict *per se*, in accordance with Freud's later theory. I suspect that even in the distant past, had there existed in the theory of conflict this stronger duality, neither Adler nor Jung could have driven monist paths at the edges of psychoanalytic understanding.

Do you conceive of pressures from the external world, from reality and the instinct of self-preservation, as the entire other term in conflict with the urges of the sexual instincts? There has been much attraction in this view: it appears that a more profound basis for inner conflict is a hesitant demand solely of psychology among the biological sciences. Yet libido as a whole, it seems to me, requires an inner opponent if we are to find good reason for the very existence of the ego itself, the hardened rind of the id that withstands the pressures, frustrations, and dangers of the external world. The role of the ego is often to take the long view. I put this question: If the interests of survival that the ego will serve, conflict with those of immediate satisfaction, how is the ego developed from the id, unless there be at work in the id another and negative principle that causes survival to declare itself as an immediate aim: can the instinct of self-preservation be viewed satisfactorily without a partner who typifies danger: in what school does the ego learn the postures of defence?

I myself cannot avoid the conclusion that the ego has been educated, and indeed initiated, in more than one school. Freud writes in *Inhibitions, Symptoms and Anxiety* (7): ' Man does not seem to have been endowed, or has been endowed in but small measure, with an instinctive recognition of the dangers that threaten him from without.' One might infer from this that Freud is attributing, even to the infant, an instinctive recognition of danger within. That danger will be projected. Would not the recognition of danger without depend partly, perhaps wholly, upon a dangerous inner situation?

We accept that there are positive instinctual responses to certain objects. The world is populated also by objects of menace, by hate, aggression, disease, and many kinds of physical threat. Are we to suppose that the organism contains nothing that matches menace; does the external world, in regard to menace, frustration, persecution, and all negative situations, simply impinge on the innocent psyche, or is there, as in positive situations, a part of us potentially at one with them? In a secondary sense, at any rate, there is some confirmation for the last alternative in view of the introjection of bad objects as a mode of defence, a mechanism that does not vouch, however, for a primary correlation. After writing the above I have found that this same issue was far better formulated by Money-Kyrle in his paper of 1955, 'An Inconclusive Contribution to the Theory of the Death Instinct' (12). I will have unconsciously remembered it. He asks the simple question: 'Are we to attribute psychic equivalents only to the system-maintaining processes, and not to the disruptive processes they counteract?' Money-Kyrle's paper is a necessary starting-point for those who would discuss the death instinct. He concludes as follows: ' It cannot be an instinct in the ordinary sense—something evolved in the interests of self- and species-preservation. It can therefore hardly be conceived except as a kind of psychic correlate of entropy—something prior

to the instincts proper which were presumably evolved to counteract it.'

This is a more straightforward biological characterization of a possible death instinct than the one of Freud. I use the word ' straightforward ' because, perhaps without good reason, I put it at Freud's door that in rereading *Beyond the Pleasure Principle* (3) I had to stop at several points to determine whether what he was saying referred to Eros or whether it referred to the death instincts. Though they are conceived in the maximum opposition, they are none the less given a great deal in common. Thus Freud writes: ' The dominating tendency of mental life, and perhaps of nervous life in general, is the effort to reduce, to keep constant or to remove internal tension due to stimuli (the ' Nirvana principle ', to borrow a term from Barbara Low) —a tendency which finds expression in the pleasure principle; and our recognition of that fact is one of our strongest reasons for believing in the existence of death instincts (pp. 55–6). And farther on: ' But we still feel our line of thought appreciably hampered by the fact that we cannot ascribe to the sexual instinct the characteristic of a compulsion to repeat which first put us on the track of the death instincts ' (p. 56). Elsewhere we are told that the sexual instincts are more *conservative* than other instincts. I have quoted enough to suggest that Freud was more inclined to invoke a leaning towards inertia (compare his use of Fechner's conception of constancy) for *all* the instincts and for the aim of the pleasure principle. ' The pleasure principle,' he wrote, ' seems actually to serve the death instincts.'

In *Beyond the Pleasure Principle*, then, the Nirvana theme is not invoked for the death instincts more than for the other instincts. I believe there is often a simple misconception in this matter, in regard also to what Freud has said in this book concerning aggression. It seems sometimes to be assumed that the death instinct was introduced in order to award greater priority to aggression. Overtly at any rate, this is far from the truth: in fact there is only a little over a page in the Standard Edition given to discussing the possibility of an original sadism. ' If such an assumption as this is permissible, then we have met the demand that we should produce an example of a death instinct—though, it is true, a displaced one. But this way of looking at things is very far from being easy to grasp and creates a positively mystical impression ' (p. 54). According to Freud's editors of the Standard Edition, the problem of destructiveness makes in this passage a first explicit appearance. It was, of course, enlarged upon in subsequent papers and books, particularly, and in no uncertain terms, in Chapter 6 of *Civilization and its Discontents* (5), as we shall see, but otherwise not greatly nor consistently. The question of a primary aggression, as of the death instinct, was, so to say, forced upon him; he brought it into relation with certain clinical problems only, not at all with his clinical findings as a whole. Thus, in a paper of 1922 and in a reference of 1923 (4), paranoia is treated once again in accordance with his famous paper of 1911, fundamentally, that is, as a mechanism of repressed homosexuality. I would like to know whether any school of psycho-analysis today agrees with this general diagnosis and would omit reference to the force of a projected aggression with a far wider history than that of a homosexual relationship.

Freud was prepared to allow a disdain for the death instinct, even on the part of his most faithful followers. Some of us appear to think that we can best reproduce the hesitation and caution of Freud by rejecting his death instinct and in further emphasizing clinically a role for aggression that is not merely reactive, being in some sense primary. The death instinct is traded for aggression: at the same time the disreputable link of aggression with the so-called death instinct serves as a reason for not stressing, not even recognizing perhaps, a powerful destructive compulsion in the infant, especially since Freud did not allow for any such compulsion in the earliest infantile behaviour; as I have said, he did not overhaul his clinical findings except in some instances, but only the metapsychology, on the introduction of the death instinct.

It may be argued that Freud introduced the death instinct in order to explain repetition-compulsion. That mechanism was certainly the occasion or context. But Freud was much concerned from 1914 to 1920 with the theory of instincts. The duality that had served him from 1910, the duality of the sexual and ego instincts, was undermined by his own paper ' On Narcissism ' of 1914. This paper left the non-libidinal ego instincts, the opposition to the sexual instincts on which inner conflict had been based, a mere rump and, if the figure can be conceived, a shapeless rump, since it had always been impossible, he himself had said, to define and explore the so-called ego instincts. Six years after and several times later, he was careful to explain this incidence for the death instinct theory: he

was careful to trace the evolution of his theory of instincts in order to show that the hypothesis was one he was unable to avoid rather than one he had rushed to embrace. And so, we read of the development of the classification of instincts twice in *Beyond the Pleasure Principle*, in Chapter 6 of *Civilization and its Discontents*, and in Lecture 32 of the *New Introductory Lectures* (6).

In *Civilization and its Discontents* he wrote: 'I know that we have always had before our eyes manifestations of the destructive instinct fused with emotion directed outwards and inwards in sadism and masochism; but I can no longer understand how we could have overlooked the universality of non-erotic aggression and destruction, and could have omitted to give it its due significance in our interpretation of life.' But he goes on: 'I can remember my own defensive attitude when the idea of an instinct of destruction first made its appearance in psychoanalytical literature and how long it took until I became accessible to it.' Freud had written in 1914 in the polemical paper 'On the History of the Psycho-analytic Movement' (1, p. 58): 'The view of life which is reflected in the Adlerian system is founded exclusively on the aggressive instinct.' I am struck also by references to Jung's monist libido theory in *Beyond the Pleasure Principle* and in *Civilization and its Discontents*. Since it had become necessary to extend vastly the sphere of the Freudian libido, he had felt that it might be thought to approximate to Jung's mystical and boundless instinctual force. But, says Freud at the end of this passage in *Beyond the Pleasure Principle*: 'Our views have from the very first been *dualistic*, and today they are even more definitely dualistic than before—now that we describe the opposition as being, not between ego instincts and sexual instincts but between life instincts and death instincts. Jung's libido theory is on the contrary *monistic*' (3, p. 53).

It is perhaps possible that Freud's last metapsychology which he started to build with the paper 'On Narcissism' (2) reflects awareness of a grain of truth in his lost adherents, pertaining to tendencies or parts of attitudes that he now incorporated in a system with even less appeal to them. I have suggested that had this last system been evolved earlier, red herrings drawn across the path of psycho-analysis might have been in shorter supply. (As a result of the present rejection of Freud's last dualism, these may yet be taken out of store.)

On the other hand, doubtless Freud continued to feel, as perhaps do we—and this, I think, is the source of recurrent confusion—that all his great discoveries were the fruit of utter loyalty to the supremacy of an erotic element even in the most contradictory or paradoxical situations, whereby he swept aside age-old under-estimations of the sexual component in experience and behaviour. As soon as an inner threat of a kind that is unrelated in the first instance even to the external threat of reality has been admitted, the purity of the psycho-analytic approach is in danger of tarnish: consequently, the permeation of experience by sexuality and the compulsions of the pleasure principle may be held to be qualified, and a mystical element introduced; whereas when we contemplate the genius of Freud we are likely to think first of the catharsis of an erotic element that he discovered in neurotic symptom or in anxiety dream. All his great discoveries, I repeat, lie in these astonishing paradoxes that he so clearly demonstrated: over and over again matters that seemed utterly to rule out any element of sexuality, fell comfortably into this complex net, arousing the rage and resistance of opponents. Resistance is not always difficult to identify as a negative confirmation of the truth: Freud remained at all times loth to connect repression, at any rate, with opposition to urges other than those of the sexual components. Had it been otherwise, how could he have traced the liquid, permeating power of sexuality? It has seemed to me that the beauty of psycho-analytic thought lay, and still lies, in this unwavering tide attributed to the sexual instincts, suggesting an undertow that has honeycombed submerged barriers, to appear beyond them contrary to the expectation of a superficial viewer.

It is the more astonishing, therefore, that Freud recast his theory of conflict, at any rate for his wider sweeps, and committed himself, though unwillingly, to a belief in an instinctual force as negative as Eros is positive. We are not disloyal to his genius in following him here as well, in enlarging upon a negative pull, unconnected originally with resistance and repression, in a way that preserves all he held most certain. I do not think that we should suffer much confusion because in his later writings Freud has so restricted the implications of his own metapsychological formulation. We ourselves do not have to fight his original battles.

I must show further what I mean by restrictions. Even in *Beyond the Pleasure Principle* itself we read: 'Nevertheless we are justified in saying that the old formula which lays it down

that psychoneuroses are based on a conflict between ego instincts and sexual instincts contains nothing that we need reject today.... And in particular it is still true that the transference neuroses, the essential subject of psycho-analytic study, are the result of a conflict between the ego and the libidinal cathexis of objects' (p. 52). It appears that in this passage the term 'ego instincts' has no reference to aggression or to a death instinct. Six years later, in *Inhibitions, Symptoms and Anxiety* (7), he wrote: 'The aggressive impulse flows mainly from the instinct of destruction; and we have always believed that in a neurosis it is against the demands of the libido and not against those of any other instinct that the ego is defending itself.' 'A sadistic cathexis of an object may legitimately claim to be treated as a libidinal one.' It appears for this reason only that 'an aggressive impulse against the father can just as well be subjected to repression as a loving impulse towards the mother.' It seems true to say that according to this view all the defences of the ego are directed solely against certain demands of the libido. Meanwhile, though not happily for the terms of the sentences I have just quoted, the battlefield or area of conflict had been far better defined by the ideas set forth in *The Ego and the Id* (4) of 1923. As well as the outside world and the id, the ego faces a third front, the superego. This abstruse battlefield is now sometimes spoken of as the root of conflict. Whereas in Chapter 2 of the posthumous *Outline of Psycho-Analysis* (8) there appears a reaffirmation of the death instinct, motive and behaviour thereafter are discussed solely in the terms of pleasure, unpleasure, and the demands of the external world: psychical conflict appears to be conceived not only as acted out in, but initiated by, the clashes of one part of the psyche with another.

How do we get, I repeat, these divisions of the psyche, metapsychologically speaking, and how do we get guilt: why should the psyche work so badly to the end of pleasurable catharsis, why the self-impediment, the obstruction to immediate catharsis? Before the introduction of the death instinct the answer—and Freud made use of no other, though it may well be he was not at all happy with it—is in terms of survival, in terms of the instinct of self-preservation that in the period of the ego instincts had been visualized as the first opposition to the sex instincts. I quote from *Beyond the Pleasure Principle*: 'We know that the pleasure principle is proper to a *primary* method of working on the part of the mental apparatus, but that, from the point of view of the self-preservation of the organism among the difficulties of the external world, it is from the outset inefficient and even highly dangerous, (3, p. 10). And from 'On Narcissism' in regard to sexuality: 'The individual does actually carry on a twofold existence: one to serve his own purposes and the other as a link in a chain, which he serves against his will, or at least involuntarily' (2, p. 78), as a carrier, that is, as a propagator, of the species. Thereafter, of course, in Freud's theory, the instinct of self-preservation joins the sex instincts as part of the libido. He felt, he had always felt, the need of a larger root for conflict, larger than for the conflict of instincts within the same group. We are back at the point where the death instinct will be introduced, though seldom employed.

Before offering very tentatively a construction that is novel in some particulars, I want to recall the burden of *Inhibitions, Symptoms and Anxiety*; and then, since I have looked up 'death' in a dictionary of quotations, to reproduce a few.

By his second theory Freud brought anxiety into close relation with loss of the object, with the loss at birth of the pre-natal state, in infancy with the disappearances of the mother, and later with the fear of castration which would also be, Ferenczi had suggested, a loss of a tie with the mother. More generally, Freud associated anxiety in this book with helplessness or with an expectation of helplessness. But he denied that there was any concept of annihilation in the id: had he been inclined to take a different view, he might have felt it as a threat to the supremacy of the sexual instincts from which had come his incontrovertible discoveries and the distinctive opposition to them. 'If anxiety is a reaction of the ego to danger,' he writes, 'we shall be tempted to regard the traumatic neuroses, which so often follow upon a narrow escape from death, as a direct result of a fear of death (or fear *for* life) and to dismiss from our minds the question of castration and the dependent relationships of the ego. Most of those who observed the traumatic neuroses that occurred during the last war took this line, and triumphantly announced that proof was now forthcoming that a threat to the instinct of self-preservation could by itself produce a neurosis without any admixture of sexual factors and without requiring any of the complicated hypotheses of psycho-analysis.' Freud goes on to say that in any case his introduction of narcissism had emphasized the libidinal character of the

instinct of self-preservation. Of course he objected to a conception of neurosis that could allow of its presence as a result solely of an objective danger, ' without,' he says, ' any participation of the deeper levels of the mental apparatus.' Although six years earlier in *Beyond the Pleasure Principle* he had brought traumatic experience into relationship with an internal qualification of the whole libidinal organization, he does not enlarge upon it in this vital context; indeed, he goes to some lengths to preserve a greater part of the position in this matter as it existed before the introduction of the death instinct. From another angle, however—and that is why I have drawn attention to *Inhibitions, Symptoms and Anxiety*—I do not consider it inapt to point to some equation between this fear of loss and a fear of an instinctual pull towards dying that I am about to assume.

' What have we done to Death that we must die?' wrote Wilfrid Blunt. If we look up ' death ' in a dictionary of quotations, I think we shall conclude that the most common tenor is concerned with debt. ' The slender debt to Nature's quickly paid, Discharged, perchance, with greater ease than made.' ' Death is a debt we must all pay.' 'A fair death honours the whole of life.' ' He that dies pays all debts.' ' He that dies this year is quit for the next.' It may be superficial to consider only the invocations of guilt and punishment in these contexts. I recall that Melanie Klein has said that a considerable part of the death instinct drive is lodged in the superego (11). Freud had said the same in regard to the melancholic (*The Ego and the Id*).

Many quotations reveal a more complicated attitude vested in the distinction between ' death ' and ' dying '. For the most part dying is hard but death is called friend by a multitude of poets. 'A dying man can do nothing easy.' Edward Young wrote: ' The knell, the shroud, the mattock, and the Grave; The deep damp vault, the darkness, and the Worm; These are the bugbears of a winter's eve, The terrors of the living, not the dead.'

The saddest of all sentences is Pascal's ' Je mourrai seul '. Dying completes separation, the darkness without companion. But death itself, ' This king of terrors is the prince of peace.' ' How glad would lay me down, As in my mother's lap!' wrote Milton. ' Good is death which destroys the evils of life.' And Swinburne: ' Peace, rest, and sleep are all we know of death.' And Alexander Smith: ' That sleep the loveliest, since it dreams the least.' Sterne wrote: ' Death opens the gate of Fame, and shuts the gate of Envy after it.'

There are many quotations that treat of dying as inseparable from our birth. ' Death borders upon our birth, and our cradle stands in the grave,' wrote Bishop Hall in the seventeenth century. ' The world's an inn and death the journey's end ' is a famous quotation from Dryden. And Beaumont and Fletcher before him: ' This world's a city, full of straying streets, And death's the market place, where each one meets.' ' What new thing then is it,' said Seneca, ' For a man to die, whose whole life is nothing else but a journey to death?' ' Nothing is dead, but that which wished to die,' wrote Edward Young in the early eighteenth century. ' Death has moulded into calm completeness The statue of his life.' Finally, in *Antony and Cleopatra* we read: ' If thou and nature can so gently part, The stroke of death is as a lover's pinch, Which hurts and is desired.'

The fear of death appeared above as the panic of a winter's eve. ' The pomp of death alarms us more than death itself.' Death is ' but giving over of a game that must be lost.' This image, from Beaumont and Fletcher's *Philaster*, involves death with life best of all. A game that must be lost, the undertone of every occasion.

Ageing tends to bring a decreasing range of objects and probably a decreasing intensity, except in the manner of a clinging, a primitive clinging, in those ties that remain. Dying figures the losing of all objects, the negation of the Eros drive whose character is object-seeking. In regard to the theory of guilt as well as of anxiety, the threat of loss of objects, of their absence, is crucial. An aim of the present paper is to reinforce a parallel connexion between the threat of loss and aggression, and further to suggest that the sense of loss, before it is associated with anxiety, aggression, and guilt (and eventually the later integrative processes), brings with it a taste of death, since it is the first libidinal reaction to the pull of death. I think that if one posits a pull towards death, one must find an imago for it, even though it can appear only under the aegis of Eros, corresponding to the imago of the breast as the original good object. I have in mind as the representative content a feeling of emptiness or absence that, upon projection, enormously aggravates the deprivations of hunger and thus endows the frustrating breast with a virulent badness or power of persecution. It seems to me that to posit a projection of a sense of absence stimulated by the pull of death, in association

with hunger, clarifies the incidence as well as the huge power of persecutory anxiety: it means that two kinds of lack coincide, the psychological sense of absence and a somatic emptiness. This sense of absence will have preceded hunger, or, at least, it will not have come about solely at the behest of hunger: and since it is the libidinal response to a deadly refusal to entertain objects, this sense of absence will stimulate as a rule a psychological hunger for the object. The component of a basic refusal is therefore the more unlikely to mitigate the somatic hunger. I can imagine, though, that in the wilting of some infants the issue may have been otherwise. But usually the fear of object-absence will have reinforced hunger, the sense of deprivation, and so initiated the sense of persecution, which in turn calls forth an aggression associated with the instinct of self-preservation. However small the willed component, a partly willed deprivation must be felt as a greater threat to the organism than a starvation solely physiological.

Whereas it is customary to derive the sense of persecution from projected aggression, in the above theoretical construction the sense of persecution arises out of the sense and fear of object-absence: it is therefore prior to the aggression with which it is met in accordance with the instinct of self-preservation. The first aim, then, of aggression is to enforce the absence of an undesired object. While keeping aggression entirely associated with paranoid anxiety and while preserving its affinity through projection with the pull towards object-absence, this construction avoids some awkwardness that lies in deriving aggression more directly from the passive and silent workings of a death instinct.

But aggression is immediately associated with loss also: the undesired object is often the good object, attacked in greed or envy. A sense of loss at once assumes the acute form known to us clinically in the terms of depressive anxiety which is inspired, not simply by the losing of what is good, but by the way the loss is felt to have occurred, namely through one's own aggression against the object. Melanie Klein on whom, it is obvious, I have relied, has often shown that at a later stage these depressive feelings are so unbearable that some reversion at least to a paranoid position and to primary modes of splitting serve again as the necessary defence.

Freud showed that the Thanatos principle as a rule operates in a close fusion with Eros: masochism was his touchstone. I have found it necessary to imagine that in all life-giving and life-preserving responses there is mingled an impulse, however faint, of refusal, in virtue of which no creature needs to be taught about death. The sense of loss is thereby first seen as the libidinal response to an innate refusal. I think that from the beginning the impulse of refusal is felt within other instinctual responses and tends to increase them, as might a slowly departing train the response of a man who would catch it. ' In play,' wrote Byron, ' there are two pleasures for your choosing. The one is winning, and the other losing.' I submit again, then, that the compulsion towards survival, whether of the self or of the species, is always associated with the recoil from an instinctive refusal that is so menacing as generally to make it an aim for us to survive at the cost of any other immediate satisfaction.

In novels and autobiographies as well as poems we read of moments of ' realization ', enlightenment, a sense of completeness, physical, intellectual, emotional, so perfect that the writer is apt to exclaim that that would have been the best of all occasions on which to die. It appears the thought of death is least unwelcome at the very moment of a consummation that seems as inexhaustible as the good breast. We have in this experience, we retain, all we ever want—so we feel—and we know that thereafter we shall strive but to reach a similar fulfilment. I think most of us would agree that the furniture, as it were, the *mise-en-scène* of such a situation's various embodiment, entails the harmonious postures, the perfect health and security of internal objects, probably achieved at great cost. Under any other conditions we are to some extent lost, lonely, feeling that we shall die in partial misery, whereas if we die at the moment of perfect realization, it will be *we* who leave a scene which is not itself thereby disturbed. True, we no longer then perceive it, but like Berkeley's table it is not dependent for existence on our perception only, especially if we ourselves absorb, as it were, the temporal role in taking leave of it.

A similar analysis has often been advanced in interpreting the suicide's state of mind: he saves good objects by his act. I agree entirely, but I do not agree to the usual corollary that there is no need to introduce the consideration of a pull towards death. The goodness of our good objects —they will, of course, usually include our descendants—is an end in itself: that is to say, we demand no further object. Apparently, these objects have always been in danger, injured or

lost. Such is the scale of danger; it cannot but mean that there are equally powerful bad objects and that they embody a negative principle, an inevitable partner of our love: if life, love and the connective object-harbouring role of Eros are inextricable conceptions, so too are those of hate, persecution, disintegration, and death.

Such fine words are out of place. It would be convenient if we could envisage one force only, with both a positive and a negative direction that exist together in changing proportions. Unfortunately, such a hypothesis cannot have biological appeal inasmuch as the presence of the negative component is believed to declare itself in positive situations by a greater strength only of the positive drive, an assumption for which there can be no testing nor proof. But since, as I have said, it seems that psychology alone tends to demand an inner basis for conflict, the hypothesis, ridiculous as it may seem, could prove to be the happiest available; though appearing to be useless to biology, it is not necessarily biological nonsense.

REFERENCES

(1) Freud, Sigmund (1914). 'On the History of the Psycho-Analytic Movement.' *S.E.*, **14,** 58.

(2) —— (1914). 'On Narcissism.' *S.E.*, **14.**

(3) —— (1920). *Beyond the Pleasure Principle. S.E.*, **18.**

(4) —— (1923). *The Ego and the Id.* (London, 1927.)

(5) —— *Civilization and its Discontents.* (London, 1929.)

(6) —— (1933). *New Introductory Lectures on Psycho-Analysis.* (London: Hogarth, 1949.)

(7) —— *Inhibitions, Symptoms and Anxiety. S.E.*, **20.**

(8) —— *An Outline of Psycho-Analysis.* London 1949.)

(9) Klein, Melanie. *Contributions to Psycho-Analysis.* (London, 1949.)

(10) —— *Envy and Gratitude.* (London: Tavistock, 1957.)

(11) —— (1958). 'On the Development of Mental Functioning.' *Int. J. Psycho-Anal.*, **39.**

(12) Money-Kyrle, R. E. 'An Inconclusive Contribution to the Theory of the Death Instinct.' *New Directions in Psycho-Analysis.* (London: Tavistock, 1955.)

(Received 14 May, 1959)

EDITORIAL

When Dr. Hoffer's resignation from the Editorship of the *Journal* became known, psycho-analysts everywhere felt an unusual regret. What he has done for the *Journal* in recent years is manifest and a steadily rising circulation is perhaps the testimonial he will like best. The extra twinge, however, is prompted by thoughts and feelings from other sources. Dr. Hoffer combines with those qualities which have endeared him so widely to all those who are concerned with the *Journal*, an almost unique range of personal knowledge of analysts all over the world; also, he continued the direct links which all his predecessors had with the Viennese Society as it was in its early phases. In taking over from him it will be readily appreciated that I have profound misgivings. I can only conclude that the *Journal* has entered a new phase with different, better defined, and less exacting, demands on the editor. The situation today is certainly unlike that described by our first editor, Ernest Jones, when he started the *Journal* in 1920. Then there were innumerable difficulties—tensions between the members of the young movement, international jealousies, and many anxieties over publication in a world hostile to our subject. A vivid impression of these trying times is to be had in one of his letters to Freud in 1932 from which he quotes in his biography of Freud:

'As you know, I have endeavoured in English-speaking countries to further the same object that you described as being the *Verlag's:* namely to stamp a body of literature as being entirely distinct from the medley of rubbish all around. . . . It has been an uphill fight against the difficulties from within and without but we have accomplished something.'

Happily that phase of struggle has been a thing of the past for many years now, and it was the successful efforts of Ernest Jones and those who followed him that established the *Journal.* The next sentence from this letter contains a policy statement which is very much in my mind as I begin my duties.

'As you will remember, my own wish has always been for a closer co-operation, so that all the undertakings should be entirely and jointly international.'

It is surely the great strength of the *Journal* that it has not only set the standards that our subject demands, but that it has been a really international undertaking.

In keeping to these aims I am more than fortunate in that all the members of the Editorial group will remain in post. Dr. Hoffer will be there to give advice in his unfailingly generous way. Dr. Knight too has kindly offered to maintain his very substantial help with the articles from the United States, and Dr. Brierley and Dr. Scott will also continue with their active assistance.

J. D. SUTHERLAND.

ABSTRACTS

Contents:

Journal of the American Psychoanalytic Association, **7**, 1959, No. 1.
The Psychoanalytic Quarterly, **27**, 1958, No. 2.

JOURNAL OF THE AMERICAN PSYCHO-ANALYTIC ASSOCIATION, **7**, 1, 1959.

G. S. Klein. 'Consciousness in Psychoanalytic Theory: Some Implications for Current Research in Perception.'

In this paper Klein presents a brief account of the experimental work which suggests that there is a continuous mental registration of environmental stimuli occurring outside of awareness. He then discusses the status of the concept of consciousness in psycho-analytic theory in which he reviews Freud's initial and later views on the subject. The last section of the paper takes up the implications of the experimental work detailed at the outset. Klein suggests that registration of stimuli and their perception are two entirely different processes. Registration is much less selective that was previously imagined. The registration of a stimulus will only be experienced as a percept or an image when it is endowed with a special cathectic quality. The state of consciousness is an important factor in determining the structure of percepts and images. Klein conceives of controlling structures within the ego which will determine the nature of these mental events. Preference is given by Klein to the concept of registration of stimuli outside of awareness rather than to the concept of subliminal perception. This preference is the result of (*a*) the belief in a superordinate organization —the state of consciousness in which registrations occur; (*b*) the elaborations to which the registrations are subject; and (*c*) the controlling structures which shape their emergence in consciousness. Klein also points out that this recent work on perception raises the question of the selection of such non-conscious events to repression.

C. Fisher and I. H. Paul. 'The Effect of Subliminal Visual Stimulation on Images and Dreams: A Validation Study.'

This paper contains an account of an experimental project undertaken to validate earlier qualitative studies on the relationship between subliminal visual stimulation, dreams, and imagery. The rationale underlying the experiments and the methods for collecting the data are described in some detail. In the discussion which begins with the statement that subliminal perception occurs, the authors point out that the term preconscious perception unsatisfactorily describes the complex process which takes place. They envisage four steps: (1) a phase of sensory registration outside of awareness; (2) a phase of cognitive working over in which the registration becomes a memory trace; (3) a phase of delayed emergence of the memory image of the subliminal registration into subsequent dreams and images; and (4) a reproductive phase—the verbal report and drawing of the dream or image.

The first phase cannot be considered preconscious, as the subject never recovers the memory of the actual event of sensory registration. This registration is not preconscious in the psycho-analytic sense, but unconscious in the somatic sense. The term preconscious can, however, be applied to the second phase. The results also demonstrated that in the dark and supine position there was a more extensive emergence of elements and aspects of the subliminal stimuli into imagery than occurred in the upright position and in the light.

C. W. Socarides. 'Meaning and Content of a Pedophiliac Perversion.'

The author emphasizes the role of early excessive aggressive and libidinal impulses in perversion formation and the introjective-projective defences utilized to deal with them. In the case quoted the perversion appeared whenever the patient was in an emotional crisis. The child chosen for the act was a narcissistic object. The object was split with the boy representing the patient himself and the other part of the split representing the destructive and castrated mother. Idealization of the object avoided anxiety and guilt.

B. Brodsky. 'The Self-Representation, Anality and the Fear of Dying.'

The essence of this paper is the idea that an additional factor leading to the fear of death is caused by memory traces of experiences of extinction of the self-image. Such traces are merged with the psychical representation of the excreted and discarded stool. Clinical illustrations from psycho-analytical treatment are presented.

H. I. Kupper and H. A. Rollman-Branch. 'Freud and Schnitzler—(Doppelganger).'

This interesting article is based upon a letter which Freud wrote to the playwright Schnitzler in 1922. Freud regarded Schnitzler as his double because he had encountered in the latter's writing the same

themes as he had been preoccupied with in his psychoanalytical research. The life histories of the two men show many similarities.

Thomas Freeman.

THE PSYCHOANALYTIC QUARTERLY, **27**, 2, 1958.

H. Robert Blank. ' Dreams of the Blind.'

The congenitally blind and, with few exceptions, those blinded before the age of 5, do not have visual dreams, the predominant sensory modality being hearing. Those blinded later than the age of 7 tend to retain visual memory and visual dream imagery. The phenomenological differences between the dreams of the blind and the seeing are not fundamental. They require no revision of the psychoanalytic theory of dreams. The typical dream of the blind is one that is determined primarily by serious reality problems and it usually contains some prominent spoken statement, or other superego elements more closely related to the day's residue than to deeply repressed conflicts. The reason is that the ambivalence and reactive guilt due to dependence on seeing guides, and others, produces a formidable knot of unresolved day-residues. Five dreams of the blind are presented chiefly to illustrate their variety and the relationship of the dream to the psychic problems of the blind dreamer, especially the problems concerning his blindness. The outstanding contributions in the literature on dreams of the blind are reviewed. (Based on Author's Summary.)

Franz Alexander. 'A Contribution to the Theory of Play.'

Play is the product of surplus energy not needed for the maintenance of life. Adaptive behaviour leads to uniformity: play, on the other hand, is experimental, and is intimately related to the higher forms of creativity. The relationship of adaptive behaviour and play might be compared with that between natural selection and mutation. Play is one of the important sources of man's culture-building faculty by which he changes the world according to his own image.

Z. Alexander Aarons. ' Notes on a Case of *Maladie des Tics*.'

The close tie between aggression and the muscular apparatus is well known. Aarons shows from the analysis of a case of generalized twitching and yelping that the whole voluntary musculature can be grossly hypercathected with libido, and mediate erotic as well as aggressive discharge.

Sandor S. Feldman. ' Blanket Interpretations.'

The author uses the term ' blanket interpertations ' to mean interpretations which may be correct when applied to the proper material at the proper time, but which are indiscriminately generalized. He gives a number of examples showing how much caution is required. Blanket interpretations serve the resistance by obscuring the real anxieties.

Peter L. Giovacchini. ' Some Affective Meanings of Dizziness.'

The symptom of dizziness in three women is found to have similar ontogenetic influences and closely allied precipitating factors. Characterologically, these patients had many similarities. These women had been precociously sexually stimulated and their constantly vigilant egos tried to be prepared for any situation that might lead to sexual excitement. The three patients developed sensations of dizziness in response to unexpected sexual stimulation. The symptom, in each instance, was correlated with a disturbance of psychological equilibrium. (Author's Summary.)

Lawrence S. Kubie. ' Research into the Process of Supervision in Psychoanalysis.'

The process of supervision at present employed in psycho-analytic education contravenes psychoanalytic knowledge in that it assumes that a student can report accurately the content of the sessions. The tape-recording of interviews has shown the startling degree to which this assumption is unfounded, and is greatly valued by the trainees themselves. The development of techniques based on recording is essential for the future study of psychoanalysis and for the training and screening of the supervisors.

Edith Sheppard and Leon J. Saul. 'An Approach to a Systematic Study of Ego Function.'

A series of manifest dreams shows clearly that each patient has characteristic methods of dealing with id impulses. In the attempt to develop ' an alphabet of defence mechanisms, a catalogue of elementary responses ' (Waelder), the authors have devised a complex rating system for ego defences based on the degree of awareness of impulses. This system differentiated successfully between the manifest content of the dreams of psychotics, criminals, and normal subjects, when experienced analysts had not been able to do so by inspection.

Pierre Lacombe. 'A Special Mechanism of Pathological Weeping.'

Lacombe describes a case of a woman with neurodermatitis in which weeping alternated with skin irritation as the expression of her desire to be washed away in order to get inside her mother's skin, especially the skin of her breast. If this meaning of pathological weeping is general, it reveals that the desire to get into the skin of the mother's breast may underlie the envy of the penis emphasized by Greenacre.

John Klauber.

NOTICE

International Psycho-Analytical Congress, 1961

As announced in the previous issue of this *Journal*, the 22nd Congress of the International Psycho-Analytical Association will be held under the auspices of the British Psycho-Analytical Society in Edinburgh, Scotland, from 31 July to 3 August, 1961.

The Programme Committee and the Congress Design Committee have been considering various suggestions received from members for improving scientific sessions. These suggestions are mainly concerned with methods of presenting and discussing scientific and clinical problems at our Congresses in such a way that different points of view can be brought out and compared. Obviously, it is not possible to design a Congress programme that will please everyone, but the Committee feel that, if the structure and content of the programme could be experimentally changed from time to time in response to the needs of Congress members, a more satisfactory method of arranging and conducting scientific events would emerge.

The Programme Committee have therefore decided, in consultation with the Congress Design Committee and with the consent of the President of the International Psycho-Analytical Association, to implement some of these suggestions. Their aim is to build up the scientific programme of the Congress largely around themes, which will be presented in the form of symposia with discussion. Instead of the usual method of asking members to submit titles of individual papers for presentation to the Congress, the Programme Committee have selected certain themes from a large number of suggested topics that have been submitted to them, around which they wish to organise symposia and discussions. They are therefore inviting those members of the Congress who would like to take part in a symposium to indicate the aspects of the theme they would propose to deal with in their paper. It is planned that each symposium paper should take about thirty minutes to read. The Programme Committee hope that those who are not selected to read papers in symposia will be able to contribute to the discussions.

The following symposium themes have been selected:

1. The superego and the ego-ideal
2. Training for psycho-analysis
3. Research in psycho-analysis
4. The psycho-analytic study of thinking
5. Applied psycho-analysis
6. The psycho-analytic situation (the setting and the process of treatment)
7. Child analysis
8. The reclassification of psychopathological states

Members of the International Psycho-Analytical Association who wish to read a paper related to one of the above subjects should notify *Miss Cecily de Monchaux, Ph.D., Hon. Secretary, Programme Committee, Psychology Department, University College, Gower Street, London W.C.1,* BEFORE 1 JUNE, 1960. The inclusion of an outline of the intended contribution will greatly help the Programme Committee to come to its decision about the final programme. Those selected to read a paper will be notified before the summer vacation, 1960.

THE EDWARD BIBRING MEMORIAL COMMITTEE

The Boston Psychoanalytic Society and Institute, Inc., wishes to announce the establishment of the Edward Bibring Memorial Reference Collection. This collection is planned to be a non-circulating one and will include psychoanalytic memorabilia as well as books in psychoanalysis and related fields of historical significance and lasting value.

Gifts to this collection, either in the form of appropriate books or financial contributions, will be gratefully received. These should be addressed to: Dr. Malvina Stock, Secretary, The Edward Bibring Memorial Committee, Boston Psychoanalytic Society and Institute, Inc., 15 Commonwealth Avenue, Boston 16, Massachusetts.

Committee: Mrs. Beata Rank, Co-Chairman; Arthur F. Valenstein, M.D., Co-Chairman; Malvina Stock, M.D., Secretary; Helen Deutsch, M.D.; John M. Murray, M.D.; Helen H. Tartakoff, M.D.; Joseph J. Michaels, M.D., *ex-officio* President, Boston Psychoanalytic Society and Institute; Eleanor Pavenstedt, M.D., *ex-officio* Chairman, Educational Committee; Avery D. Weisman, M.D., *ex-officio* Librarian, Boston Psychoanalytic Society and Institute.

SOCIÉTÉ PSYCHANALYTIQUE DE PARIS

The following members have been elected to the Committee of the Société Psychanalytique de Paris for the year 1960: *President:* Dr. Francis Pasche; *Vice-President:* Dr. Serge Lebovici; *Membre Assesseur:* Dr. Jean Mallet; *Secretary:* Dr. Pierre Marty; *Treasurer:* Dr. Jean Favreau.

BOOK REVIEWS

Psycho-Analysis and Contemporary Thought. Ed. by John D. Sutherland. (London: Hogarth Press and Institute of Psycho-Analysis.)

This book, No. 53 in the International Psycho-Analytical Library, contains the six public lectures given by leading psycho-analysts in England to commemorate the centenary of Freud's birth, together with a short note by Joan Riviere and an introduction by Sylvia Payne.

As an essay in public relations this book is likely to have a great success, for it demonstrates very well the wide applicability of psycho-analytic method and insight, and each contributor in turn is clearly in touch with a responsive audience. To the individual reader, however, the papers will necessarily be of uneven interest, for few of us are equally interested in child welfare, education, art, philosophy, and economic crisis. Psycho-analysts are likely to find the first three papers somewhat elementary, while enjoyment of the second three will depend on personal taste.

Winnicott, Bowlby, and Hellman, who contribute the first three papers on ' Psycho-analysis and the Sense of Guilt ', ' Psycho-analysis and Child Care ', and ' Psycho-analysis and the Teacher ', are all addressing themselves to practical matters which concern most people even though they may also be of professional interest to only a few. The facts about which they are speaking can be observed readily in everyday life and their comments on them represent views common to most analysts. All three papers are exercises in tactful exposition admirably executed.

The three succeeding papers by Milner, Money-Kyrle, and Jacques on ' Psycho-analysis and Art ', ' Psycho-analysis and Philosophy ', and ' Psycho-analysis and the Current Economic Crises ', are a very different kettle of fish. Each of these writers has special competence in an organized field of knowledge, which is essentially independent of psycho-analysis, and each is making an original contribution out of psycho-analytic insight and theory towards the understanding of a problem arising in that field. Each of these papers is therefore directed to a special audience and demands a certain amount of specialized knowledge in the reader.

To attempt a summary of any of these already highly condensed essays would merely be misleading. It is sufficient to say that taken together they do demonstrate, if only on a small scale, the universal relevance of Freud's discoveries.

H. J. Home.

Neurotic Distortion of the Creative Process. By Lawrence S. Kubie, M.D. (Lawrence: University of Kansas Press, 1958. Pp. 151. $3.00.)

In this book, which is based on a series of lectures given at the University of Kansas, Professor Kubie presents his views on the nature of creative thinking.

Of recent years psycho-analysts have become increasingly interested in the concept of creativity without, it must be admitted, its always being clear to what phenomenon or function the concept is intended to refer. For Kubie it is essentially a matter of invention and selection. In his view creativity is the capacity to reshuffle ideas into novel combinations and then select those which are significant, in the sense of being scientifically valid or artistically communicable. His main thesis is that this capacity is a function of the ' preconscious system ' which operates creatively except in so far as it is prevented from doing so by interference from either conscious or repressed unconscious processes. Conscious mental processes interfere with creativity by reason of the limitation of imaginative activity imposed by verbal thinking, while unconscious mental processes distort creativity by disrupting the connexion of symbols with the objects of external reality which they represent. The creative person is not, as many analysts hold, someone who has a special form of access to unconscious phantasy or some particular constellation of psychodynamic forces, but quite simply someone whose preconscious ' prelogical ' processes operate relatively undisturbed either by neurotic distortion or intellectual inhibition.

It follows from this that in Kubie's view creativity is not the prerogative of a select but suffering minority, but is a potentiality common to all men, one which they can realize in so far as they can be freed from the restrictions and distortions imposed by neurosis. If Man can learn to free his creative processes from neurotic distortion ' he will stand at the frontiers of wholly new lands of Canaan '.

As a result artists and scientists, who ' tend as a group to be more resistant than other men ' have nothing to fear and everything to gain from analysis. Kubie is not impressed by the work of those artists and scientists whose lives and works bear the marks of psychical conflict, and insists rather on its stereotypy and repetitiveness and on its impotence, in the sense that it fails either to resolve the artist's own conflicts or to have any dynamic and lasting effect on society. ' This (the compulsive tendency in unconscious mentation) accounts not only for the personal sterility and impotence of great artists, writers, musicians and scientists, but also for the

cultural sterility and impotence of great art, literature, music and science.'

Although this thesis has a certain value as an antidote to the romantic myth of the artist as a Hero of Neurosis, which must, one surmises, be having a certain vogue in the circles in which Professor Kubie works, and although one must agree that art is a less effective form of individual and social therapy than psycho-analysis, one cannot feel altogether happy about the general tendency of Kubie's thinking about creativity, if only because he entirely neglects many of the distinctions which have most occupied those who have themselves engaged in creative work. How, for instance, would he distinguish between imaginitive and fanciful art, between profound and superficial artists, or between productiveness and facility? Does he believe that his strictures on the impotence and sterility of great artists, etc., apply with as much force to classicists as to romantics, from whom historically the conception of the artist as a neurotic derives? What are his views on the psychology of form as opposed to content, meaning, or message? One cannot help suspecting that Kubie is really confusing two very different phenomena, both of which can lay good claims to the term creativity. One is the creativity of the man who pursues his interests and occupation with lively and intuitive intelligence and who is free of compulsions and inhibitions. The other is the original artist or thinker, the genius, to use an old-fashioned term. Much of what Kubie has to say about the distorting effect of neurosis and the untapped creative potential of the common man is certainly valid for the former. The latter remains a much more mysterious phenomenon, and one wonders whether the very simple conceptual framework used by Kubie, the early psycho-analytical idea of three psychic systems, the systems *Ucs*, *Pcs*, and *Cs*, is really an adequate language to discuss it in.

Charles Rycroft.

Peptic Ulcer and Psycho-Analysis. By Angel Garma, M.D. (Baltimore: Williams and Wilkins; London : Baillière, Tindall and Cox 1958. Pp. 137.)

It is difficult to know for whom this book is primarily intended. The author, a recognized authority in this field, may be endeavouring to convince organically-minded doctors that the aetiology of peptic ulcer cannot be dealt with unless due weight is given to deep-seated unconscious emotional factors stemming from the earliest phases of life and expressing themselves as a reaction to contemporary stresses. The end result of those stresses acting upon a susceptible individual is that psycho-somatic syndrome known as peptic ulcer.

The wealth of references to other work in the field of peptic ulcer, together with numerous asides and pieces of anecdotal material, suggest that the author's intention is to convince the organically minded that emotional factors and unconscious ones at that are the main aetiological determinants of peptic ulcer. On the other hand he swings a long way into the deeper psychopathology of peptic ulcer to carry with him such an unconverted public, and these parts of the book would be more acceptable to and more easily understood by people who, if not psycho-analysts, are at least familiar with psycho-analytic concepts. Even here, however, there are difficulties. The situation suitable for the subsequent development of peptic ulcer is expressed somewhat as follows. There is a regression from a frustrating genital situation to an oral-digestive fixation point, which causes the internally directed aggression to attack the gastric mucosa, and the biting of the inside represents an attack by the bad aspect of the internalized mother-figure. There is also a view which regards the denial of a great dependency need, with consequent frustration as a state which results in the ulcer syndrome. The peptic ulcer patient, genitally speaking, seems to be a boy trying to do a man's job. Thus any set-back, quite often due to the marriage partner, cannot be tolerated or overcome, but rather causes the unconscious pattern of behaviour enunciated above and culminating in peptic ulcer to be set in motion. The precise steps of this regression and its relationship to the internalized breast or to the whole mother are likely to be more complex than those described by the author. Despite this, the book deserves widespread attention by psycho-analysts as well as others who have the problem of treating patients who suffer from peptic ulcers.

A. Hyatt Williams.

Selected Writings of John Hughlings Jackson. Edited for the Guarantors of *Brain* by James Taylor, M.D., F.R.C.P., with the advice and assistance of Gordon Holmes, M.D., F.R.C.P., and F. M. R. Walshe, M.D., F.R.C.P. Volume I: On Epilepsy and Epileptiform Convulsions. Volume II: Evolution and Dissolution of the Nervous System, Speech, Various Papers, Addresses and Lectures. (New York: Basic Books. $15.00 the set.)

Psycho-analysts will welcome these two volumes of selections from the work of John Hughlings Jackson. It is perhaps to be regretted that all Hughlings Jackson's work has not been published as collected papers for the reader to make his own selection. However, the task the editor has performed for us will show the historical progression of Jackson's ideas.

J. Hughlings Jackson (1835–1909) was born twenty years before Freud. He was interested in psychology and an admirer of Herbert Spencer. Early he resolved to give up medicine and devote himself to philosophy, but he was persuaded to continue his medical career, and became a neurologist. He had a dynamic and genetic approach rare among the neurologists of that day, but greatly valued by Freud. The germs of many of Freud's ideas and

concepts are to be found in his work. Jackson studied ' cases and what occurs in them as departures from what we can learn of the healthy condition without undue adherence to the views words such as epilepsy, palsy, etc., are supposed to convey.'

In the first volume are recorded the results of his study of the epilepsies. Convulsions are a symptom of disease, and by the study of them ' an experiment made on the brain by disease ' he developed his theory that the convolutions of the cerebrum contain nervous arrangements representing movements. This led to his theory of dissolution—the opposite of evolution. ' In disease the most voluntary or most special movements, faculties, etc., suffer first and most, that is in an order the exact opposite of evolution.' Insanity, he says, ' is dissolution beginning in the very highest of all nervous centres, the anatomical substrata of consciousness. In insanity there is always a defect of consciousness.'

In the second volume he develops further his ideas of evolution and dissolution, applying them to convulsions, cerebral palsies, speech, to all kinds of mental disorders and to certain states of health. They were ideas which found sympathy with Freud. Jackson's doctrine does not seem to me to be accurately stated by Ernest Jones in *Sigmund Freud, Life and Work* (1, p. 235). As did Freud later, Jackson stressed that the physical must not be confused with the psychical; this is the basis of his doctrine of concomitance.

Though Jackson said he was not able to understand the ' unconscious states of mind ', he firmly believed that ' the activities of the highest, least organized, nervous arrangements, during which consciousness, or most vivid consciousness arises are determined by activities of lower more organized nervous arrangements.' He asserts that the anatomical substrata of mentation are sensori-motor processes; and thus the anatomical substrata of words and ideas are motor processes; he also develops this theory in his work on speech and on visual and auditory processes.

There are many interesting papers on varied subjects. In one on intellectual warnings of epileptic seizures, he discusses sensations of reminiscence which, he says, are not uncommon in the normal as well as the epileptic. He agrees with a patient who calls it double consciousness. He thinks there is a diminution of object consciousness and an increase of subject consciousness—a revelation of the normal duality of all healthy mental action. In an address on the psychology of joking, Jackson says that ' persons deficient in appreciation of jocosities in their degrees of evolution, are in corresponding degrees deficiently realistic in their scientific conceptions.' He speaks of the value of the play of the mind in evolution and develops the concept of projection in mental illness.

These two volumes of writings by a man of a great and original mind make fascinating and absorbing reading. It is, however, difficult reading; his language at first is not easy to understand, partly no doubt because his work was creative. An added confusion is that one cannot always differentiate between Hughlings Jackson's words and those of the editor.

Although these are only extracts from his works which were published in many journals and a notebook, they fill two volumes each of 500 closely packed pages. At the end of the second volume is a complete list of all Hughlings Jackson's writings. This American publication is a reprint of an earlier English edition.

Barbara Woodhead.

Human Groups. By W. J. H. Sprott. (Harmondsworth: Pelican Books. Pp. 219.)

The sub-title of Professor Sprott's book describes it as 'A study of how men and women behave in the family, the village, the crowd, and many other forms of association.' This is a somewhat misleading description, since Professor Sprott has not written an account of his own investigations and ideas, but an introduction to sociology and social psychology which surveys the work of others. In straightforward language he describes the subject-matter under investigation, some of the attempts which have been made to investigate it, and the explanatory hypotheses to which they give rise. He also comments on the advantages and limitations of each approach.

Professor Sprott's attitude to the issues raised by psycho-analysis is one of frank avoidance. In a section on ' The Family ' he writes: ' We are here confronted with the great citadel of psycho-analysis, and if we enter it we shall never get out.' A little later he writes: ' Having thus by-passed psycho-analysis we find ourselves in something of a desert.' For this second statement his book provides a good deal of evidence. It is a little surprising, though pleasantly so, to find that the work of both Bion and Jaques, which is briefly described here, stands out so prominently in the total field. Foulkes's contribution to the study of group dynamics is not mentioned.

This is not an original or stimulating book, but it has some interest as an up-to-date survey and provides a list of references.

H. J. Home.

Flying Saucers. By C. G. Jung. (London: Routledge and Kegan Paul. Pp. 184.)

To the reader unacquainted with the development of Professor Jung's work, this book may easily itself appear to be something of an Unidentified Flying Object. Written for the general reader, it is partly a tract for the times and partly an application of Professor Jung's ideas to the problems raised by the reports of flying saucers, which have been made

recently from all over the world. His essay starts from the position that, whether flying saucers exist or not, they certainly appear; that is, they have a psychic reality which can be properly studied quite apart from the question of their physical existence. It is therefore legitimate to ask, ' Why should flying saucers have been appearing recently?' and ' What is the significance or meaning in psychological terms of these appearances?'

Since UFOs have been seen by many people with no previous or subsequent history of delusional vision, an explanation solely in terms of individual psychopathology seems inadequate. Professor Jung suggests that the appearances should be understood as a collective phenomenon, as something happening in individuals in response to pressures experienced by society as a whole. The actual phenomenon that appears he sees as a symbol, which is projected into visual space and is there misunderstood as an object in space-time. Such an appearance, when misunderstood as a material object, stimulates investigation by the ordinary methods of physical science; it should instead, he suggests, be interpreted according to the principles of analytical psychology, whereupon it would be correctly seen as an archetype of the collective unconscious.

As Professor Jung notes, the human psyche has perennially experienced difficulty in distinguishing psychic from material reality. The medieval alchemists, of whom he has made a close study, provide an excellent paradigm of this. Their reports of their opus have an intrinsic ambiguity, which makes it difficult to be sure whether their alembics contained distillations of chemicals or of wisdom. Professor Jung makes the interesting suggestion that the ambiguity of UFO phenomena may be analogous. Historically we know that alchemy developed into the science of chemistry. Will the physical study of UFO phenomena, he asks, lead ultimately to an extension of psychological knowledge?

The case is stated in this book, but quite frankly not argued, and this leads to a suggestiveness in the presentation which eventually becomes wearisome. Of special interest is the historical section, illustrated with plates, which deals with sixteenth-century reports of Unidentified Flying Objects. Is it too much to hope that Professor Jung might in future omit the unnecessary and misleading paragraphs on Freud's theories, which seem to recur in his books with compulsive monotony?

H. J. Home.

The Mormons. By Thomas F. O'Dea. (Chicago: University of Chicago Press. Pp. 289.)

Although it contains no reference to Freud or Psycho-analysis and attempts no psychological interpretation of its subject-matter, Mr. O'Dea's history of the Mormon sect can be wholeheartedly recommended to anyone interested in the psychology of social groups. Mr. O'Dea is a scholar of rare quality, who commands his material and writes with a justness and economy that compels admiration. Precisely because it has not been psychologically ' processed ' his account confronts us like a well-taken case history in terms of which the validity of explanations can be tested.

The Mormon church was founded by Joseph Smith in 1830 as the result of religious experiences undergone during several preceding years. Perplexed as a young man by the babel of conflicting religious opinions around him, he went one day into the woods to seek divine guidance as to what he should believe. There God the Father and God the Son appeared to him and told him to prepare himself for important tasks. So began a series of revelations which included the miraculous discovery and translation of a set of gold plates. These Joseph received from an angel, Moroni the son of Mormon, and translated ' by means of two special stones set in rims, making what must have appeared like strange spectacles, to which a breastplate was in some way connected.' These plates, known as the *Book of Mormon*, and purporting to be a history of pre-Columbian America, its settlement by Hebrews and their subsequent destiny and apostasy, became the scripture of the new church. The sect founded on this farrago of revelation not only succeeded in establishing itself as a considerable and respected denomination which continues to thrive, but also in the course of its development virtually colonized the semi-desert State of Utah.

To the psycho-analyst this book presents the story of how certain ' psychotic ' ideas were actually worked out in a specific social context. It brings home, in a way clinical studies of individual patients seldom do, the tremendous power of which such ideas dispose, and indicates the processes by which this energy is eventually absorbed into ordinary living, until the original forms lose their cathexis and become mere embarrassments to an intellect which they once overwhelmed.

H. J. Home.

The Objective Psyche. By Michael Fordham. (London: Routledge and Kegan Paul Pp. 214.)

The Objective Psyche contains twelve papers by Dr. Fordham, three of which have not been previously published, and is intended to complement his previous books, *The Life of Childhood* and *New Developments in Analytical Psychology*, as an account of his contribution between 1944 and 1957. The present papers are mainly theoretical in character, and all but two give the impression of being addressed to other analytical psychologists. This detracts somewhat from their value for the common reader, who is likely to be more interested in specific psychological problems than in vindications of analytical psychology as such.

One of the underlying themes which runs through these papers is Dr. Fordham's dissatisfaction with the state of coexistence between psycho-analysis and

analytical psychology. Compromises of this kind, unavoidable in the field of politics, have no place in the field of thought, where, as he realizes, they can only indicate conceptual confusion. An experienced psychotherapist, he is aware of his debt to clinical psycho-analytic research, and this makes him irritated with those analytical psychologists who deny its contribution. At the same time he is irritated with those psycho-analysts who deny the relevance of Jung's work to the understanding of the psychotherapeutic process, and with those lay critics who deny its right to be called scientific.

In his introduction Dr. Fordham emphasizes the need for ' the careful analysis of concepts ', and this should surely begin with a recognition that while analytical psychology operates in part with essentially the same concepts as psycho-analysis, it also contains, to its confusion, a great many concepts of a totally different order, which properly belong to the field of comparative psychology. The whole theory of types, for example, is founded on studies using a comparative method of investigation, which cannot be directly applied in the classical analytic situation and which has therefore, of necessity, been applied to phenomena outside it (cf. Jung, *Psychological Types*). This comparative method can certainly be used to throw light on psychic processes observable in the analytic situation by comparing them with psychic processes observable elsewhere, as Dr. Fordham does here in his paper ' The Dark Night of the Soul ', and as Jung also has done. Comparative concepts, however, cannot be treated as if they were causal-historical concepts. A ' type ', for example, is a logically absolute concept (i.e. outside the category of time) and cannot, therefore, be thought of as changing in time; it is also a collective concept, which expresses a relationship between particular objects or events and cannot in consequence ever be treated as if it were an individual object or event.

Failure to recognize the logical limitations of type concepts can lead and has led to theoretical confusions and to misunderstandings about the nature of the therapeutic process in psychotherapy. In particular it has led to speculative explanatory hypotheses, which cannot be validated empirically, but which come to be treated as if they had been so validated. Such explanatory hypotheses ' would ' explain ' if they were true ', but the question whether they are true or not is begged. It is surely inevitable and right that speculations of this kind should be classed with religious speculations which take the same form in speculating about the nature of God while begging the question of God's existence.

To indicate these conceptual weaknesses in the theoretical framework which Dr. Fordham uses is not to deny the value of his contribution. Weaknesses of the same kind exist in psycho-analytic theory, as Dr. Fordham shows in his paper ' Reflections on Individual and Collective Psychology ', where he examines some ideas of Bion's. Here he is speaking of the psychology of groups, and demonstrates convincingly the inadequacy of individual concepts to comprehend the totality of collective processes. This is a matter which group psychotherapy has brought sharply into focus and may well lead to that clarification of concepts which Dr. Fordham is not alone in seeking. It is to be hoped that he will not rest content with an eclectic solution to the many important questions he has raised.

H. J. Home.

On Shame and the Search for Identity. By Helen Merrell Lynd. (London: Routledge and Kegan Paul, 1958. Pp. 318. 25*s*.)

Although Mrs. Lynd's expressed intention is to explore the experience of shame and its relation to the sense of identity, her more fundamental purpose is to state her position with regard to certain tendencies in contemporary American sociological and psychological thinking. Her book belongs on the same shelf as the work of Riesman, L. H. Whyte, Jr., and Wheelis, and should not, despite its title, be regarded as a monograph on a specific psychological theme.

Mrs. Lynd's thesis is that the present tendency in American thought towards notions of conformity and adjustment, ideas which, as a social philosopher committed to the liberal humanist tradition, she views with understandably deep misgivings, is in part due to the way in which uncritical use of the concept of guilt has blocked understanding of the importance of that range of experiences denoted by shame, pride, humility, and self-respect. By guilt Mrs. Lynd, like most American writers, means exogenous guilt produced by internalization of externally derived standards, and her point is really that this concept, or rather its use as an omnicompetent explanatory notion, with its ' other-directed ' implications, detracts attention from those aspects of human personality which relate to self-awareness and self-evaluation. Furthermore, she argues that the two psycho-analytical explanations of shame, that is, fear of ridicule (Freud) or a sense of failure to live up to one's ego-ideal (Piers), both ignore its essence which is a painful heightening of self-consciousness, and have failed to appreciate the close connexion between shame and insight. Here Mrs. Lynd makes what is, I believe, a very fundamental point, viz. that every experience of shame contains the potentiality for an increase in knowledge of oneself and of one's relation to the outside world; that private experiences of shame, which are usually regarded as the recognition of failure to live up to one's ego-ideal, are really perceptions of aspects of oneself which are not included in one's idea of oneself and involve not so much a sense of failure to live up to an ideal as a discovery that the ideal is after all only an ideal; and that public experiences of shame are really perceptions

that one's idea of oneself relative to others has been incorrect or inadequate. Put in terms derived from Dr. Winnicott's work, this rather general notion of Mrs. Lynd's could be given more specific psycho-analytical formulation by saying that shame is an emotion deriving from a conflict about disillusion in respect of either (*a*) one's idealized conception of oneself, or (*b*) one's illusion of primary identification with others, or (*c*) one's idealized objects. This conflict may be dealt with either by further denial leading to pride and reinforcement of narcissism or by increased insight leading to self-respecting humility and a heightened sense of identity.

As regards Mrs. Lynd's analysis of contemporary trends towards notions of conformity and adjustment, and her view that psycho-analysis is implicated in this trend, it can be said that although she has read widely, sympathetically and, in general, comprehendingly through much of the American psycho-analytical literature, she has unfortunately missed the one book which discusses the relation of psycho-analysis to values and to the humanist tradition at her own level of culture and sensitivity. This is Marjorie Brierley's *Trends in Psycho-Analysis*, where the relevance of process theory to psycho-analysis and the dangers implicit in reification of topographical concepts—to mention only two points made by Mrs. Lynd—are discussed in a way that she would have found rewarding.

Of the use or misuse that American society may make of psycho-analytical concepts in its search for a philosophy of life, the present reviewer can have nothing to say. He can only regret Mrs. Lynd's failure to take any account of psycho-analytical thought in Great Britain.

Charles Rycroft.

Greek Culture and the Ego. By Adrian Stokes. (London: Tavistock, 1959. Pp. 90.)

The concept of an ego-figure is put forward by the author gracefully and in a way which is convincing. He begins by stating the sources from which he has derived the necessary material for the development of his central theme. This is from Freud's work, but more particularly from the developments and expansions of that work which are associated with the name of Melanie Klein. In particular the phenomena of introjection and projection, of projective identification, together with splitting and fragmentation of internal and external objects, are essential concepts in the synthesis of the ego-figure. This development can take place only when the paranoid-schizoid position has been successfully passed and the depressive position negotiated. By these means the good objects inside the self, representing the good internalized breast and later the whole mother, are able to exist without excessive idealization. When there is excessive idealization, of course, there must also be the tendency to demonification. Ideally there develops an intra-psychic balance of forces leading to a tolerance of diversity within the self and, of course, outside the self. Thus there is neither excessive yielding to greed nor to any of the other instinctual impulses, nor is there an excessive clamping down upon the impulse life leading to asceticism. The kind of individual the author has in mind is one in whom psycho-analysis has been successful.

Turning to Greek culture, he attempts to explain the ' Greek Miracle ', which is the fact that in a society in the fifth century B.C. such ego-values as tolerance of individuality and diversity, and such esteem of Truth, Beauty, and Justice should have existed. The explanation can be found by means of an understanding of Kleinian theory which makes it comprehensible that human dignity should be based upon the development of an integrative balance or mean in which pleasure is accepted and enjoyed but not to excess, and in which the harsh realities of illness and death can be faced without manic denial. By the development of such a harmonious balance between diverse or even opposing forces, i.e. by the integration of the good internal object, metamorphosed and strengthened by having surmounted the paranoid-schizoid obstacles, and the constant intra-psychic metabolism of the depressive position in which the good object phoenix-like is reborn, and each time strengthened, there can be the maximum tolerance of reality without resort to the magical and the mystical. That not only the first democracy, but the beginnings of scientific conceptualization based entirely upon the rational arose from Greek society, is ascribed to the intra-psychic structure based upon the ego-figure, balanced and tolerant, in which for the first time in the history of the world fully crystallized individuality became possible for a human being.

In this setting, Art was based upon balanced beauty, completeness and grace of form, and that degree of detachment or ' otherness ' which gives it external individuality. It was a projection of the structured ego-figure with its wholeness and its balance in a setting of flexibility and diversity. The author ends the section on Art by stating that shape, pattern, growth, rhythm, interlocking parts of whatever kind restore ourselves to ourselves. I think he means that the flowering of the creative impulse, the representative of the life instinct, keeps at bay the forces of destruction within the self and, by means of the external tangible work of art, enables a person to attain still further development, balance, and integration.

A. Hyatt Williams.

The Quest for Identity. By Allen Wheelis. (London: Gollancz, 1959. Pp. 250. 21*s*.)

Dr. Wheelis has written an interesting and unusual book. Its interest derives not so much from its subject matter, which is the not unfamiliar one of the predicament of twentieth-century American man in

a world from which the father figures have departed, as from the author's highly individual presentation of his theme. Dr. Wheelis is a psycho-analyst, but his book, so far from being a theoretical or academic interpretation of the lost American's quest for an identity, is an admittedly personal document, his culturally orientated interpretation, being illustrated by a thread of personal and revealing narrative. Dr. Wheelis deliberately eschews the convention by which a writer conceals his own subjective motives for becoming concerned with his chosen topic and allows the reader to see clearly the personal history and conflict that lies behind his choice of theme. Dr. Wheelis is, it must be added, an American with his roots in an American past which is rapidly becoming incomprehensible to those lacking an historical imagination. As he himself says, ' The figure which emerges is more characteristic of the nineteenth century than of the twentieth, and so, while native to this place, is a stranger to this time.' The result of this admixture of the objective and subjective is a work of art which will be remembered after more learned and sounder treatments of the same theme have been forgotten.

However, despite the reviewer's enjoyment and admiration of the personal quality of this book, he remains unconvinced of the scientific validity of its central thesis. It is the author's contention that one of the most important consequences of the technological changes of the last fifty years has been disruption of the individual's identification with his parents—and by parents he usually means father—and loss of the sense of identity which in his view derives from such identification. This disruption, he argues, has led to weakening and depersonalization of the superego—' Formerly morality was obedience to the virtues instilled by parents; it is coming now to be compliance with the practice of one's peers.'—and to a decrease in the extent of unconscious motivation in human affairs. Largely as a result of the spread of psycho-analytical ideas modern man entertains consciously, and acts upon, impulses which previous generations repressed. Weakening of the superego and loss of belief in the absolute values associated with it have led to a widespread loss of the sense of identity, to a sense of futility, and to an increasing demand on psycho-analysts to provide something that psycho-analysis can only release if it is already present but cannot create: an identity and a purpose for living. ' Knowledgeable moderns put their backs to the couch and in so doing they fail occasionally to put their shoulders to the wheel.'

In the present reviewer's opinion this thesis overestimates the importance of father-deprived social values in establishing a sense of identity and ignores much recent psycho-analytical work, such as that of Winnicott and Spitz, which suggests that establishment of a firm sense of identity has much more to do with the pre-oedipal relation to the mother than with the oedipal identification with the father described by classical analytical theory, and that of Klein and Fairbairn which relates the sense of futility to ambivalence towards the introjected mother. Freud's classical formulation that self-observation is a superego function needs expanding in the light of later work on the pregenital antecedents of the superego.

It is, for instance, doubtful whether the secure sense of identity of the nineteenth century can really be attributed to identification with the father. In so far as it is not a myth—for in England at least there is a considerable literature on Victorian doubt and despair—it may well have been due to the closer tie to the mother, the longer and less scheduled breast-feeding, and the unquestioning assumption by mothers and nannies that the care of infants was a full-time and engrossing occupation. Nor can the sense of identity which requires the support of religious and settled social beliefs be taken at its face value; it can also be regarded as a homosexual defence against ambivalence towards the mother. So far from modern man having lost a true sense of identity, it may well be that as his external supply of idealized father-figures is being diminished by the disillusioning effect of the spread of scientific knowledge he is being forced to become aware of himself in terms of his capacity to love, without recourse to the supports of religion or morality, which as Jones pointed out in his paper on ' Love and Morality ' is ultimately a defence against infantile ambivalence. From this point of view the loss of identity which Wheelis describes is really loss of defensive identifications, while the quest for identity is either the search for some new defensive organization or for access to the one value which is not culturally determined, the capacity to love.

Nor is the present reviewer convinced that unconscious motivation is less significant than it was in the past. The widespread knowledge of psycho-analytical notions has had the effect of increasing the capacity for dissociation and rationalization rather than of effecting a true liberation of libidinal energies. The simultaneous emergence of freer sexual behaviour with an increase is the incidence of a sense of futility, which is in effect the picture of contemporary American life given by Wheelis, suggests pseudo-sexuality masquerading as ' adjustment ' rather than the genuine article.

Charles Rycroft.

The Criminal, the Judge, and the Public. By Franz Alexander, M.D., and Hugo Staub. Revised Edition. (Glencoe, Illinois: Free Press and Falcons Wing Press, 1957. Pp. 239.)

It is always a difficult task to bring up to date even so notable a book as this, after the lapse of more than a quarter of a century. Many of the reforms which were suggested and indicated by the first edition of this book have been accomplished. In particular, the basic formulation that the criminal act and the

criminal character are due to unconscious causes is now almost fully accepted. Nobody would dispute the fact that the outward manifestations of crime are but the visible part of the iceberg, and that the submerged and larger part is below the surface of consciousness. Psycho-analysis affords the best and only means of delineating, evaluating, and altering in a favourable direction, this submerged part. The plea of the book is that attention should be paid to unconscious processes, and that the seemingly inexplicable can thereby be understood.

The main emphasis seems to be upon the uncovering of id impulses with the implication that the ego will look after itself. It is thought that it would have been in line with more recent developments in the psycho-analytic study of crime had ego development been dealt with in greater detail, in particular in the achievement of a balance between over-ebullient instinctual impulses and the controlling forces. The recognition of a balance of forces inside the criminal psyche gives the opportunity to effect a synthesis rather than an ineffectual compromise between those who wish to treat the criminal as only ill and those who regard him as merely bad.

The clinical presentation is clear and interesting, as well as having an absolutely authentic ring, and there is a great deal of lasting merit in this book. It should be read by workers in psychiatric, legal, and psycho-analytic fields who cannot fail to derive benefit from it.

A. Hyatt Williams.

The Revolt of the Middle-aged Man. By Edmund Bergler, M.D., (London: Bernard Hanison. 30*s*.)

With easier and more frequent divorce it is becoming increasingly clear that divorce seldom supplies the answer to the problem marriage. In so far as the pattern of the marriage is unconsciously determined by the partners, very much the same pattern with its difficulties and deadlocks may be, and in fact is, likely to be repeated after divorce in subsequent marriages. This has been said before and Dr. Bergler's contribution is to show with clarity and force that the discontent of the middle-aged man with his lot can hardly be avoided. It is as inevitable as are adolescent difficulties and is indeed a repetition of adolescent difficulties in middle age which he calls ' the middle-aged revolt '.

The book is vividly written, and its argument is backed by case histories and reports of analytic sessions with men and women in regard to their marriage problems. These are always tersely put and very much to the point.

Dr. Bergler stresses the importance of psychic masochism and the special characteristics it develops in middle age in bringing about as their end effect the middle-age revolt; closely related in cause and effect is middle-age hypochondria, with which he deals quite fully in a later chapter. Dr. Bergler does not confine his study narrowly to marriage, but follows the interlocking effects of the middle-age revolt in wider spheres, including the field of friendship, on which he has some important things to say.

After years of accumulating a wealth of clinical material it is not unnatural that Dr. Bergler makes some sweeping generalizations which one might feel like challenging in places. But perhaps the most important criticism one can make of his book is that he fails to consider that just as the revolt of the adolescent would seem to be not just a pathological state, but an inevitable and valuable step in the development of the growing child, in his effort to become an individual, so the middle-age revolt may be not just an illness which has to be gone through, but potentially a further step in the development of the individual.

Sybille L. Yates.

The publisher of *Hospital Treatment of Alcoholism*, by Robert S. Wallerstein and Associates, reviewed in our last issue, was given as Basic Books of New York. There is, however, also an English edition published by Imago Publishing Company, London.